

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 22 AM 8:49

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO3000019054**

1. Corporation Name
KALTENBACH MEDIA DESIGN, INC.

REINSTATEMENT 04-13

2. Principal Office Address - No P.O. Box # 126 E. RIDGE RD. Suite, Apt. #, etc.		3. Mailing Office Address 126 E. Ridge Rd. Suite, Apt. #, etc.	
City & State ISLAMORADA, FL		City & State Islamorada, FL	
Zip 33036	Country USA	Zip 33036	Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
2/12/2003

5. FEI Number
59-3765406

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JULIA KALTENBACH

Street Address (P.O. Box Number is Not Acceptable)
126 E. RIDGE RD.

Suite, Apt. #, Etc.
ISLAMORADA, N/A

City
ISLAMORADA

State
FL

Zip Code
33036

000245992270
03/22/13--01028--021 **21 10.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **Julia Kaltenbach** Date **3-12-2013**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Julie kaltenbach	126 E. Ridge Rd.	Islamorada, FL 33036

MAR 26 2013
T. CAULEY

10. E-mail Address: **joolzkh@gmail.com**
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **Julia Kaltenbach** Date **3-12-2013** **619-905-2400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR