

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

67 OCT -6 AM 10:25

STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)

0407
JFK

DOCUMENT # P03000074502

1. Corporation Name

KAIR TEK INTERNATIONAL CORPORATION

2. Principal Office Address - No P.O. Box #

13-B FARNELL LANE

Suite, Apt. #, etc.

3. Mailing Office Address

13-B FARNELL LANE

Suite, Apt. #, etc.

City & State

PALM COAST, FL 32137

Zip

Country

32137

FLAGLER

City & State

PALM COAST, FL

Zip

Country

32137

FLAGLER

4. Date Incorporated or Qualified
To Do Business in Florida

June 30, 2003

5. FEI Number

42-163 7419

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERTO Q. GANZON

Street Address (P.O. Box Number is Not Acceptable)

13-B FARNELL LANE

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32137

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 09/29/2007

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
PRES	BERNARD M. GANZON	13-B FARNELL LANE	PALM COAST, FL 32137
Vice-Pres	ROBERTO Q. GANZON	13-B FARNELL LANE	PALM COAST, FL 32137
Treas	AMABELLE H. GANZON	13-B FARNELL LANE	PALM COAST, FL 32137

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10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/29/2007

Date

Daytime Phone #