

- 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000096496		
1. Entity Name KALIL DESIGN INC		

Principal Place of Business 408 W UNIVERSITY AVE 9C GAINESVILLE, FL 32601 US	Mailing Address 408 W UNIVERSITY AVE 9C GAINESVILLE, FL 32601 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

04 NOV -5 PM 4: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10262004 REIN R CB2E088 (6/04) **D4**

REINSTATEMENT

20-0208729

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
KALIL, ANTHONY 408 W UNIVERSITY AVE 9C GAINESVILLE, FL 32601	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

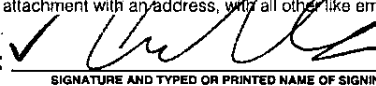
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	PRES
NAME	KALIL, ANTHONY ☐ Delete
STREET ADDRESS	408 W UNIVERSITY AVE #9C
CITY- ST- ZIP	GAINESVILLE, FL 32601
TITLE	TRES ☐ Delete
NAME	KALIL, ANTHONY
STREET ADDRESS	408 W UNIVERSITY AVE #9C
CITY- ST- ZIP	GAINESVILLE, FL 32601
TITLE	SEC ☐ Delete
NAME	KALIL, ANTHONY
STREET ADDRESS	408 W UNIVERSITY AVE #9C
CITY- ST- ZIP	GAINESVILLE, FL 32601
TITLE	DIR ☐ Delete
NAME	KALIL, ANTHONY
STREET ADDRESS	408 W UNIVERSITY AVE #9C
CITY- ST- ZIP	GAINESVILLE, FL 32601
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ANTHONY KALIL** ✓ 10/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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