

192
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -1 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000105164

1. Corporation Name

Kahn Corporation

2. Principal Office Address

10722 Kirkaldy Lane

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip

33498

Country

USA

3. Mailing Office Address

10722 Kirkaldy Lane

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip

33498

Country

USA

REINSTATEMENT

04

MRS

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/25/03

5. FEI Number

54-2130395

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

Steven A. Belson, Esq.

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

Belson & Lewis, LLP, 2500 N. Military Trail

Suite, Apt. #, Etc.

Suite 465

City

Boca Raton

State

FL

Zip Code

33431

400042768004
11/16/04-01918-014 **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

Date

10/28/04

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 |
|---------------------------------|--------------------------------------|---|----------------------|
| Pres. Sec. Treas. Dir. | Muriel Kahn | 10722 Kirkaldy Lane | Boca Raton, FL 33498 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 under section 119.07(3)(i), 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:

Muriel Kahn, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/04

(561) 483-3739

Daytime Phone #

CR2E081 (01/04)

282

KAHN CORPORATION
10722 Kirkaldy Lane
Boca Raton, Florida 33498
(561) 483-3739

October 28, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Kahn Corporation

To Whom it May Concern:

Please waive any penalty fees as the Annual Report for 2004 was never received by the Corporation.

Very truly yours,

KAHN CORPORATION

By: 
Muriel Kahn, President