

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 25 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000114645**

1. Corporation Name

Kalbrook Services Inc.

400073993514
05/04/06--01022--014 **458.75

2. Principal Office Address

6061 NW Falls Circle Dr

3. Mailing Office Address

PO Box 25913

Suite, Apt. #, etc.

Suite 10-311

Suite, Apt. #, etc.

City & State

Lauderhill, FL

City & State

Brooklyn, NY

Zip

33319

Country

Zip

11202

Country

REINSTATEMENT
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/03

5. FEI Number

11-3540188

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

Loyston R. Smith

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

6061 NW Falls Circle Drive

Suite, Apt. #, Etc.

Suite 10-311

City

Lauderhill

State

FL

Zip Code

33319

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

Loyston R. Smith

REGISTERED AGENT MUST SIGN

Date **4-18-2006**

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
P	Loyston R. Smith	6061 NW Falls Cir Dr Suite 10-311	Lauderhill, FL 33319
VP	Linda Z. Smith	6061 NW Falls Cir Dr Suite 10-311	Lauderhill, FL 33319
S	Tracey Smith	6061 NW Falls Cir. Dr. Suite 10-311	Lauderhill, FL 33319

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2006

Date

917-226-0331

Daytime Phone #

B. Mitchell APR 26 2006

20f2

KALBROOK SERVICES INC.
PO Box 666
New York, NY 10010

April 21, 2006

Via FEDERAL EXPRESS

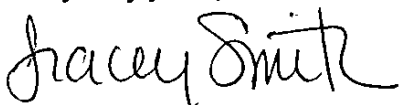
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Corporate Reinstatement - Kalbrook Services Inc.

Dear Sir or Madam:

Enclosed for filing please find an application for Corporate Reinstatement. Please note that Kalbrook Services Inc. did not receive the annual report notices in the year of administrative dissolution (2004) and accordingly request that the reinstatement fee of \$600 be waived. I have enclosed a check in the amount of \$458.75 to cover the annual report and supplemental fees for three years, plus and additional \$8.75 for a Certificate of Status. Thank you.

Very truly yours,



Tracey Smith
Secretary

Encls.