2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000145247

1. Entity Name
KELLI INDUSTRIES, INC.

FILED
04 DEC 13 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1880 SAHA CT. KISSIMMEE, FL 34744 US	1880 SAHA CT. KISSIMMEE, FL 34744 US

10262004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Street, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 593620317 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCGEHEE, MICHELE 1880 SAHA CT. KISSIMMEE, FL 34744	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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCGEHEE, MICHELE 1880 SAHA CT. KISSIMMEE, FL 34744 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100042354031 11/01/04--01056--016 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCGEHEE, KELLI 1880 SAHA CT. KISSIMMEE, FL 34744 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____ Kelli McGehee 12/25/04 407.933.6572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #