

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 JAN 10 AM 8:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000039306**

1. Corporation Name

**KELLY T. INC.**

**REINSTATEMENT 05-07**

CR2E081 (12/05)

2. Principal Office Address  
**861 SE 22ND AVE**

3. Mailing Office Address

**861 SE 22ND AVE**

Suite, Apt. #, etc.

**#1**

Suite, Apt. #, etc.

**#1**

City & State

**POMPANO BCH. FL. POMP BCH FL.**

City & State

Zip  
**33062**

Country  
**U.S.**

Zip  
**33062**

Country  
**U.S.**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**20-084365**

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

**KELLY THACKER**

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

**861 SE 22ND AVE**

Suite, Apt. #, Etc.

**#1**

City

**POMPANO BCH**

State  
**FL**

Zip Code

**33062**

**100085640481**

**01/23/07--01005--009 \*\*490.00**

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

**Kelly Thacker**

Date **9/28/06**

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
<b>OWNER</b>	<b>KELLY THACKER</b>	<b>861 SE 22ND AVE #1</b>	<b>POMP BCH. FL 33062</b>

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:

**Kelly Thacker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/28/06 754-367-5502**

Date

Daytime Phone #

**JC 1/12**

TO WHO IT MAY CONCERN

1/3/07

AFTER SPEAKING TO ONE OF YOUR  
REPRESENTATIVES AND EXPLAINING  
THAT I DIDN'T RECEIVE MY 2005-2006  
RENEWAL NOTICE DUE TO HURRICANES  
AND HAVING TO RELOCATE TO OTHER  
HOUSING ON AND OFF THE LAST 2 YRS.  
I AM ENCLOSING THIS CHECK FOR  
REINSTATEMENT OF MY CORPORATION.  
THANKS FOR YOUR UNDERSTANDING.

Kelly Shaeffer