
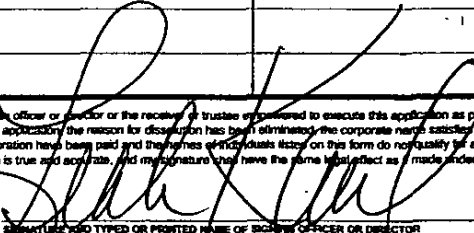


FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUL -7 PM 12:20

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|--|--|--|--|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P05000022831 1. Corporation Name Kaul Family Partnership Inc. | | | |
| 2. Principal Office Address - No P.O. Box # 12632 Gorda Circle East State, Apt. #, etc. City & State Largo, FL Zip Country 33773 USA | | 3. Mailing Office Address 12632 Gorda Circle East State, Apt. #, etc. City & State Largo, FL Zip Country 33773 USA | |
| | | 4. Date Incorporated or Qualified To Do Business in Florida 2/11/05 | |
| | | 5. FEI Number 65-1242194 | |
| | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5 to Additional Fee for a Certificate of Status | |
| 7. Name and Address of Current Registered Agent Name Leah Kaul Street Address (P.O. Box Number is Not Acceptable) 12632 Gorda Circle East State, Apt. #, Etc. City State Zip Code Largo FL 33773 | | | |
| <input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. | | | |
| 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 _____ REGISTERED AGENT MUST SIGN | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
| Title Pres. | Name of Officers and/or Directors Leah Kaul | Street Address of Each Officer and/or Director 12632 Gorda Circle East | City / State / Zip Largo, FL. 33773 |
| | | 000132374-028 07/07/08--01060--021 | |
| 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:  | | Date 7/2/08 (127) 539-0569 | |

REINSTATEMENT 06-09

**450.00