

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 JUN -7 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000095758

1. Corporation Name  
KELZO, INC.

~~1016000023582~~

100180564071  
05/07/10--01037--002 \*\*150.00  
100180564071  
06/07/10--01065--003 \*\*300.00

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

~~190 NE 190th St~~

19104 West Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#302

City & State

City & State

Aventura FL

Aventura

Zip

Country

Zip

Country

33180

USA

33180

USA

**REINSTATEMENT** (4/10) 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

JULY 7/2005

5. FEI Number

20-3175429

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

Beniley Cabrales

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

2304 NE 11th St

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

PROFIT CORPORATIONS ONLY  
 The \$600.00 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date Apr. 20/2010

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	BENILEY CABRALES	190 NE 190th St #302	Aventura FL 33180
		<i>[Signature]</i>	

10. E-mail Address: beniley@msw.com

(To be used for future annual report notification)

11. 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. I further certify, 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]*

Apr 20/2010