

2007 FOR PROFIT CORPORATION REINSTATEMENT

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV -7 AM 11:39

DOCUMENT # P06000077995

1. Entity Name
KAPALUA CORPORATION



Principal Place of Business
253 FLANDERS DRIVE
INDIALANTIC, FL 32903 US

Mailing Address
253 FLANDERS DRIVE
INDIALANTIC, FL 32903 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09242007

REIN-P

CR2E098 (1/07)

4. EEI Number

20-SD34291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ONEILL, JOHN J IV
253 FLANDERS DR
INDIALANTIC, FL 32903

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

John J. O'Neill

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
ONEILL, JOHN J IV
253 FLANDERS DRIVE
INDIALANTIC, FL 32903 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
ONEILL, JENNIFER
253 FLANDERS DR
INDIALANTIC, FL 32903 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300112084233
11/07/07--01049--002 ***150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
11/9/07 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 07 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. O'Neill

Date

Daytime Phone #

10/15/07 223-6084

Kapalua Corporation

253 Flanders Drive
Indianapolis, FL 32903
321-223-2570

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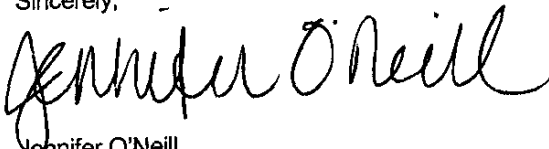
November 5, 2007

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please reinstate our corporation (Kapalua Corporation) effective immediately. We did not receive our annual report renewal, therefore did not return it on time. Please accept our \$150.00 payment which does not include the late fee as stated on our reinstatement form. It is my understanding that if we did not receive the renewal, the late fee would be waived. Please contact me if you have any further questions.

Sincerely,



Jennifer O'Neill
Vice President