

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000022469

1. Corporation Name

Kaalm, Inc.

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

1000 Palm Coast Pkwy SW

Suite, Apt. #, etc.

Suite 102

City & State

Palm Coast FL

Zip

32137

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2007

5. FEI Number

20-8564099

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

Karyn Phillips

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

43 Egan Dr

Suite, Apt. #, Etc.

Palm Coast

City

Palm Coast

State

FL

Zip Code

32164

REINSTATEMENT

2010

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

Karyn Phillips

Date 12/26/10

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
Pres	Karyn Phillips	43 Egan Dr	Palm Coast FL 32164
v-pres	Alan Phillips	43 Egan Dr	Palm Coast FL 32164
			S. HAWKES
			DEC 30 2010
			EXAMINER

10. E-mail Address: Bagelsanddeli@yahoo.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: Karyn Phillips Karyn Phillips

12/26/2010

386 446-0074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #