

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000031483

1. Corporation Name

KAKULI, INC.

2. Principal Office Address

6107 DARTMOOR CT

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32819

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

REINSTATEMENT 96-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/29/93

5. FEI Number

59-3181958

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

BILKIS KARIM

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

6107 DARTMOOR CT.

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code
32819

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

BILKIS KARIM

Date 12/3/03

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
D; P;	BILKIS KARIM	6107 DARTMOOR CT.	ORLANDO, FL 32819

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 under section 119.07(3)(i), 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:

BILKIS KARIM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/03

Date

407-843 0430

Daytime Phone #