	PLEASE READ	ALL INST	FRUCTIONS	BEFORE (COMPLET	ING THIS FOR	ЗМ.
APPLIC FO REINSTA	ATION R	FLORID	A DEPARTME Sandra B. Mo Secretary of SIVISION OF CORPO	NT OF STATE rtham State		FILED	
DOCUMENT # P94000016593					97 JAN -2 AM 9: 14		
Corporation Name KELMAR EXHAUST SERVICES CORP.					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of B 5001 PENNSBURY TAMPA FL 33624		5001 PENN	Mailing Address 5001 PENNSBURY DR TAMPA FL 33624				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REINSTATEMENT QUO		
2. New Principal O	ffice Address, If Applicable		New Mailing Office Address, If Ap Suite, Apt. #, etc.		Date Incorp To Do Busi	porated or Qualified ness in Florida	02/28/1994
City & State		City & State			5. FE! Numbe	59-3226172	Applied For Not Applicable
Zip	Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status		
7. Names and Strest Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each							
Title(s) and/or Directors			Officer and/or Directo 3 (Do NOT Use Post Office Box I		; Numbers)	Oit 4	ty / State / Zip
D MAR	ELIA, BRADFORD S		5001 PENNSBURY DR		TAMPA FL 33624		
•					30		78936 -01061008 30 *****375.00 -
						,	
						DBI	-3-97
8. Name and Address of Current Registered Agent Name					9. Name and A	Address of New Registe	
MARELIA, BRADFORD S 5001 PENNSBURY DR					ss (P.O. Box Number is Not Acceptable)		
TAMPA FL 33624				Suite, Apt. #, Etc.			CH2
City					State Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 12/24/96 REGISTERED AGENT MUST SIGN							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)							
12. 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 filling 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.							

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