

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL -9 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P94000044097

1. Corporation Name

KARLIN ENTERPRISE INCORPORATED

Principal Place of Business

4368 NW 17TH AVENUE
SUITE 200
MIAMI FL 33142

Mailing Address

1405 NW 203 STREET
MIAMI FL 33169

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0498289

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	MOBLEY, DWIGHT	1405 NW 203 STREET	MIAMI FL 33169
VD	MARTIN, JAMES	15830 W. BUNGHE PK DR.	MIAMI FL 33054
SD	MOBLEY, RUTH	2920 NW 51 TERRACE	MIAMI FL 33142
VD	MELODY GASKIN	3070 NW 186 TER	MIAMI FL 33055
			380002567258-0
			-07/13/98-01133-007
			****958.75 ****968.75
			7/9 75.97-98

8. Name and Address of Current Registered Agent

MOBLEY, DWIGHT
1405 N.W. 203 STREET
MIAMI FL 33169

9. Name and Address of New Registered Agent

Name

REINSTATEMENT

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

Suite, Apt. #, Etc.

City

State
FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/26/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/98

Date

(305) 835-0060

Daytime Phone #