

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -8 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA4000044534

1. Corporation Name

The Karlene Cafe, Inc

2. Principal Office Address

11701 san jose blvd

Suite, Apt. #, etc.

23

City & State

jacksonville, florida

Zip

32223

Country

duval

3. Mailing Office Address

11939 brady rd

Suite, Apt. #, etc.

City & State

jacksonville, florida

Zip

32223

Country

duval

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

04/04/1995

5. FEI Number

59-3244479

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

floyd slyman

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

11939 brady rd

Suite, Apt. #, Etc.

City

jacksonville

State

FL

Zip Code

32223

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

REGISTERED AGENT MUST SIGN

Date 12/05/2003

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
presider	floyd slyman	11939 brady rd	jacksonville, fl. 32223

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/05/2003

Date

904-226-3527

Daytime Phone #

CR2ED01 (10/02)

To Whom It May Concern:

I did not receive my annual Report to file.
I'm enclosing a check for the appropriate amount

Thank You
Floyd Slyman
904-226-3527

A handwritten signature in black ink, appearing to be 'Floyd Slyman', written in a cursive style.