Beinstantement     Secretary of State Drislon or conformations     03 DEC -8 AH 10: 4.9       DOCUMENTATE     PQ45000 445 3 4       Comparison Name     The Karlene Cafe, Inc       Principal Office Address     1.1939 Drady rd       State Address     1.1939 Drady rd       Dev Api, 4 cc     Secretary       23 free     Guide Address       11701 san jose Divid     Giv A Size       23 free     Guide Address       11701 san jose Divid     Giv A Size       23 free     Guide Address       11701 san jose Divid     Giv A Size       2223     Guide J       12 Construction of Model Address     1.00071255329311       12 Other Address of Caront Registered Agent     1					1		
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The Karlene Cafe, Inc         2. Principal Office Address       3. Mailing Office Address         11701 san jose blvd       11939 brady rd         costs Apt. # det.       Soile. Apt. # ntc.         23	DOCUMENT# PQ4000044534 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORUSA		
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jacksonville, florida       jacksonville, florida       Acquet or 59-3244479       Acquet or 59-3244479         zzp 32223       Country duval       Zip 32223       Country duval       Street Address of Current Registered Agent       St	23 <u>-</u> j	, etc.				porated or Qualified iness in Florida 04/04/1995	
Zig 32223       Country duval       Zig 32223       Country duval       6. CERTIFICATE OF STATUS DESIRED       B15 Additional For VENUCE for Certification of Status         Image: Status       7. Name and Address of Current Registered Agent       10000253229311       000         Istrict Address (P.O. Box Number is Not Acceptable)       11939 brady rd       Status       000         Sume: Apt. #. Etc.       Zip Code       Zip Code       Zip Code       000         City jacksonville       REGISTERED AGENT MUST SIGN       Date       12/05/2003       000         9. Names and Street Addresses of Each Officer and/or Director (Florida nonprovint corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503. F.S.       Signature of College and/or Directors       Date       12/05/2003       000         9. Names and Street Addresses of Each Officer and/or Director (Florida nonprovint corporation smult list kest 3 directors)       Titles       City / State / Zip       Other and/or Directors       Other and/or Directors       Other and/or Directors       City / State / Zip       Other and/or Directors         9. Names and Street Addresses of Each Officer and/or Directors       Other and/or Directors       City / State / Zip       Other and/or Directors         10.0002       Name of Officer and/or Directors       Other and/or Directors       City / State / Zip       Other and/or Directors         10.0002		nville,florida		le,florida			
7. Name and Address of Current Registered Agent         Name       1000 25329311         Street Address (P.O. Box Number is Not Acceptable)       11939 brady rd       12/08/03 - 01303 - 013 + ##150       00         Suite. Apl. #. Ec.       2/02 Code       2/02 Code       2/02 Code       00         City       jacksonville       State       2/02 Code       2/02 Code       2/02 Code         Suite. Apl. #. Ec.       2/02 Code       2/02 Code       2/02 Code       2/02 Code       2/02 Code         Signature of       Registered Agent       Date       12/05/2003       Date       12/05/2003         9. Names and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)       0/01 (cars and/or Director Officer and/or Director Officer and/or Director       City / State / Zp         718es       Officers and/or Director       Street Address of Each       City / State / Zp         9. Names and Street Address of Each Officer or the receiver or truthe semptime of officer and/or Director       City / State / Zp         718es       Officers and/or Director       City / State / Zp       0/01 (cars and/or Oirector Officer and/or Oirector Oirector         719. Lootify that 1 am an office or director or the receiver or truthe semptime of the coprate name settifies the requirements of each officer of 17.0401 (r 57.0401 (r 57.0401 (r 57.0401 (r 57.0401 (r 57.0401 (r	<sup>zip</sup> . 32223			-	6.	S8.75 Additional Fee required	
floyd slyman       100025329311         Street Address (F.O. Box Number is Not Acceptable)       11939 brady rd         Suite. Apt. #. Etc.       11939 brady rd         City       jackSonville         B. 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         9. Names and Street Addresses of Each Officer and/or Directors       Officer and/or Directors         Officer and/or Directors       Officer and/or Director         Titles       Officer and/or Directors         Officer and/or Directors       Officer and/or Director         Titles       Officer and/or Directors         Officer and/or Directors       Officer and/or Director         Intel am an officer or thretee engenered to execute this application as provided for in chapter 607 or 617, F.S. Hurther certify that when fling or thretee engenered to execute this application as provided for in chapter 607 or 617, F.S. Hurther certify that when fling or other the engenered to execute this application as provided for in chapter 607 or 617, F.S. Hurther certify that leng and for 01, F.S. The information inficated on this application is the end accurate, and my signature shall have the same tagle offor an exemption under section 119.07(3)(), F.S. The information inficated on this application is the end accurate, and my signature shall have the same tegal effect as if made under cath.         SIGNATURE:       M205/2003			<b>7.</b> Name	e and Address of Current Registe	red Agent		ļ
Suite: Address p. D. Nak Name is No. Acceptable)  11939 brady rd  Suite. Apt. #, Etc.  City jacksonville  B. 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  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  118es Officers and/or Directors 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 busites empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when fling this areinstationent application, the reason for dissolution has been eliminated, the corporate name satisfies the receivers of sociation 607,0401 or 617,0401, 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 certify.  SIGNATURE: Mathematical Street Address Signature 12/05/2003 904-226-3527		floyd slyman 100025329911					
Suite: Apt. #. Etc.         City       jacksonville         B. 1. 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		Street Address (P.O. Box Numbe	r is Not Acceptable)	939 brady rd	12,408	<del>∀0301083019 ***156</del> .00	
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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         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       - <td>, togictor our</td> <td></td> <td>REGISTERED AGENT</td> <td>MUST SIGN</td> <td></td> <td></td> <td>g</td>	, togictor our		REGISTERED AGENT	MUST SIGN			g
Index       Officers and/or Directors       Officer and/or Director       City / State / 2/p         presider       floyd slyman       11939 brady rd       jacksonville,fl.32223	9. Names	and Street Addresses of Each Office	er and/or Director (Florida	nonprofit corporations must list at l	east 3 directors)		
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: Mathematical Mathematic	Titles		ectors			City / State / Zip	
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	on this i	application is true and accurate, and	i my signature shall have t	ne same legal effect as if made und	er oath.	<u> </u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					1	2/05/2003 904-226-3527	

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To Whom It May Concern:

ند ج 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