

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

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1996 NOV -1 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059880

1. Corporation Name

KELYN INVESTMENT CO., INC.

Principal Place of Business

531 SE BROOKSIDE TERR
PORT ST LUCIE FL 34983

Mailing Address

531 SE BROOKSIDE TERR
PORT ST LUCIE FL 34983

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1994

5. FEI Number

05-0514152

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PD	HALL, JAMES K	531 SE BROOKSIDE TERR	PORT ST LUCIE FL 34983
			900002001229--1 -11/08/96--01118-024 ****175.00 ****175.00
			900002001229--1 -11/08/96--01118-025 *****8.75 *****8.75
			900002001229--1 -11/08/96--01118-026 ****200.00 ****200.00

8. Name and Address of Current Registered Agent

HALL, JAMES K
531 SE BROOKSIDE TERR
PORT ST LUCIE FL 34983

Name

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

James Kelly Hall

REGISTERED AGENT MUST SIGN

Date 22 September 1996

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 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

James Kelly Hall

JAMES KELLY HALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 September 1996 (561) 898-3800

CR-2500 (7/96)