

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

03 MAR 11 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000001670**

1. Corporation Name
KAYAL and Associates Inc

200014686495
3/25/03--01068--022 **317.50

2. Principal Office Address
630 Queensbridge Dr

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake Mary FL

City & State
Lake Mary FL

Zip **32746** Country **Seminole**

Zip **32746** Country

4. Date Incorporated or Qualified To Do Business in Florida **1996**

5. FEI Number **59-3353716** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name **Joe Kayal**
Street Address (P.O. Box Number is Not Acceptable) **630 Queensbridge Dr**
Suite, Apt. #, Etc.
City **Lake Mary** State **FL** Zip Code **32746**

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 **Joe Kayal** Date **3-17-03**
REGISTERED AGENT MUST SIGN

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
President	Joe Kayal	630 Queensbridge Dr	L. Mary FL 32746
V. President	George Kayal	1194 Tadsworth Terr.	L. Mary FL 32746

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: **Joe Kayal** **Joe Kayal** **3-17-03** **4072924211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)