

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

03 MAR 11 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000001670**

1. Corporation Name

KAYAL and Associates Inc

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

2. Principal Office Address

630 Queensbridge Dr

Suite, Apt. #, etc.

City & State

Lake Mary FL

Zip

32746

Country

Seminole

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Lake Mary FL

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**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17-03

Date

4072924211

Daytime Phone #

CR2E081 (10/02)