

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kenneth M. Kaleel
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 OCT 26 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000058978

1. Corporation Name

Kexa, Inc.

Principal Place of Business

Mailing Address

305 S.E. 7th Avenue
Delray Beach, FL 33483

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

2. New Principal Office Address, If Applicable

3915 Laurelwood Lane

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3915 Laurelwood Lane

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33445

Country

Palm Beach

Zip

33445

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

July 12, 1996

5. FEI Number

65 0691711

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
P	Aixa Schulte	3915 Laurelwood Lane	Delray Beach, Florida 33445

300003039963--5
-11/09/99--01074--009
***150.00 ***150.00

8. Name and Address of Current Registered Agent

Kenneth M. Kaleel, P.A.
555 North Congress Avenue
Suite 301
Boynton Beach, FL 33426

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date 10-9-99.

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

CR2E081 (12/98)

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C. E. C. COMMUNICATIONS



3915 Laurel Wood Lane
Delray Beach, FL 33445

Phone 561-498-0205

October 05, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom it may concern,,

Enclosed please find the reinstatement form for Kexa Inc. along with a check for \$150.00 dollars to cover the filing fee. The company did not receive a 1999 form from the Division, probably due to an address change. We request the one-time waiver of late fee's. Please note the new address; 3915 Laurelwood Lane, Delray Beach Fl. 33445
Thank you,

Aixa Diaz-Schulte

Aixa Diaz-Schulte
President
Kexa Inc.