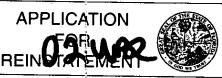
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DERARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P96000075834 DOCUMENT #

1. Corporation Name

KALROY CONTRACTORS INC.

Principal Place of Business

Mailing Address

1306 CROTON COURT WESTON FL 33327

1306 CROTON COURT WESTON FL 33327

FILED

02 NOV -6 AM 11: 49

TALLAHASSEE, FLORIDA



If above a	addresses are incorrect in any wa	ay, line through incorrec	t information and ent	er correction below	, ]				
2. New Pr	incipal Office Address, If Applica	ole 3. New Ma	iling Office Address, if Applicable			porated or Qualified iness in Florida	00/11/10		
Suite, Apt. #, etc. Suite, Apt.			*, etc.			00/11/1000			
City & State Cit			& State		5. FEI Numbe	5. FEI Number 65-0700714		Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 Addit	ional Fee required	
7. Names	and Street Addresses of Each Of	ficer and/or Director (F	lorida nonprofit corpo	prations must list at	least 3 directors)				
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director		ach	ch City / State / Zip			
DP	ROSENBLATT, TODD		1306 CROTON	COURT		WESTON FL 33327			
				<u> </u>					
								( <del>-</del>	
				1	2 1270	01083 003	3 45	150.00	
						100			
8. Name and Address of Current Registered Agent					9. Name and	Addises of New ARadister	ed Agent		
ROSENBLATT, TODD  1306 CROTON COURT  WESTON FL 33327  10. I, being appointed the registered agent of the above named corporation, am familiar with the registered agent of the above named corporation.				Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.					
				City	FL State 12 ip code				
Signature of Registered A	-1 QUER	<u> </u>	REQL		obligations of Section	on 607.0505, F.S. or 617.0	0505, F.S.		

11. 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 filling 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 frue 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

REGISTERED AGENT MUST SIGN

## CONTRACTORS

1NE First Street, Suite 308, Miami FL 33132 (305) 379-8944 or (800) 470-GEMS Fax: (305) 379-9058

## 10/24/02

- Florida Department Of State
- Divisions Of Corporations
- PO Box 6327
- Tallahassee, FL 32314
- RE: 65-0700714, Reinstatement
- To whom it May Concern,
- For the past 2 years, my company has not received any notices from the Divisions of Corporations. For 2 years my company has been dissolved and we had to be reinstated. Last year I paid \$900.00 to be reinstated. This year, I have the same situation.
- I would ask the following:
- Please reinstate me with no penalty for reinstatement
- Also, I believe due to the fact that I have not received any notices from you, I should be reimbursed for last year's reinstatement penalty.

I appreciate your indulgence to this matter.

Sincerely,

Todd Rosenblatt

President

Kalroy Contractors, Inc.