

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR
REINSTATEMENT

DOCUMENT # P96000075834

1. Corporation Name

KALROY CONTRACTORS INC.

Principal Place of Business

1306 CROTON COURT
WESTON FL 33327

Mailing Address

1306 CROTON COURT
WESTON FL 33327

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

09/11/1996

5. FEI Number

65-0700714

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)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

DP

ROSENBLATT, TODD

1306 CROTON COURT

WESTON FL 33327

12-12-01 01083 003 \$150.00

8. Name and Address of Current Registered Agent

ROSENBLATT, TODD
1306 CROTON COURT
WESTON FL 33327

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/24/02

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 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

Daytime Phone #

10/24/02 954-385-3843

CR2E040 (8/02)

KALROY CONTRACTORS

1 NE 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.