

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000102957**

1. Corporation Name

KAL TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

1800 W MEYER LANE

Suite, Apt. #, etc.

APT. 15204

City & State

DAK CREEK, FL

Zip

53154-8128

Country

US

3. New Mailing Office Address, If Applicable

1800 W MEYER LANE

Suite, Apt. #, etc.

APT. 15204

City & State

DAK CREEK, FL

Zip

53154-8128

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/96

5. FEI Number

65-0752499

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
Pres	Diego Cruz Jr.	9616 NW 7th Circle #1627	Plantation, FL 33324
VP	Kaligga Kulandaveilu	1800 W. Meyer Ln, Apt 15204	Dak Creek, FL 53154

300002050033-1
-11/19/99--01082--014
******750.00 ****750.00**

11/16

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Cruz, Diego Jr
9616 NW 7th Circle #1627
Plantation, FL 33324

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.

Signature of
Registered Agent

Diego Cruz Jr.

REGISTERED AGENT MUST SIGN

Date

11/5/99

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:

Kaligga Kulandaveilu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/99

Date

414 304 0470

Daytime Phone #

CR2001 (12/96)

REINSTATEMENT **99**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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