

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 26 PM 12:54

DOCUMENT # P97000019741  
1. Corporation Name Kai Surf Shop Inc.

2. Principal Office Address  
933 E Kingsfield Rd  
Suite, Apt. #, etc.

3. Mailing Office Address  
933 E Kingsfield  
Suite, Apt. #, etc.

City & State  
Cantonment FL  
Zip 32533 Country USA

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Cantonment FL  
Zip 32533 Country USA

**REINSTATEMENT** 00  
Date Incorporated or Qualified  
To Do Business in Florida 3-4-97  
5. FEI Number 59-3442863 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 Noel Whitman 900003459589-3  
Street Address (P.O. Box Number is Not Acceptable) 933 E Kingsfield Rd. -11/09/00--01110-007  
Suite, Apt. #, Etc. \*\*\*\*750.00 \*\*\*\*750.00  
City Cantonment FL State FL Zip Code 32533

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 Noel Whitman Date 10-24-00  
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	<u>Noel Whitman</u>	<u>933 E Kingsfield Rd</u>	<u>Cantonment FL 32533</u>

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: Noel Whitman 10-24-00 850 474-1919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #