

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

OPAR
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 30 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000063816**

1. Corporation Name

KAYJOEL ESTATES, INC.

Principal Place of Business

**5215 ESTATES DRIVE
DELRAY BEACH FL 33445**

Mailing Address

**5215 ESTATES DRIVE
DELRAY BEACH FL 33445**



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0809555

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	NEUSTADTER, EDWARD L	5215 ESTATES DRIVE	DELRAY BEACH FL 33445
STD	NEUSTADTER, SANDRA A	5215 ESTATES DRIVE	DELRAY BEACH FL 33445

100003065971--7
12/10/99 01004 001
****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**NEUSTADTER, EDWARD L
5215 ESTATES DRIVE
DELRAY BEACH FL 33445**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11-24-99**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M.R. Weiser & Co. LLP

Certified Public Accountants
and Consultants

Offices in New York and New Jersey

399 Thornall Street
Edison, NJ 08837-2246
Tel 732 549-2800
Fax 732 549-2898

Writer's direct number:

November 2, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Kayjoel Estates, Inc.
FEIN# 65-0809555
Document# P97000063816
Application for Reinstatement

Dear Sir/Madam:

We are in receipt of your notice of Administrative Dissolution or Revocation. Please be advised that the taxpayer never received the Annual Report to be filled out and mailed with the annual fee. The taxpayer spends some time in Florida as well as New York. When they are in New York their mail is forwarded, but they never received the annual report. We have filled out the Application for Reinstatement and we are requesting that you abate the reinstatement fee of \$600 based on the above facts. Enclosed please find a check for \$150 for the 1999 Annual Report fees.

If further information is necessary, please do not hesitate to contact my office.

Sincerely,



Kim Wirzman
Tax Department

Enclosures

Cc: Edward Neustadter