


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 29 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000064775**

1. Corporation Name

Flying Locksmiths, Inc

W06000050575

2. Principal Office Address

1492 NW 65 ter

Suite, Apt. #, etc.

3. Mailing Office Address

1492 NW 65 terr

Suite, Apt. #, etc.

City & State

Margate FL

City & State

Margate FL

Zip

33063

Country

USA

Zip

33063

Country

USA

REINSTATEMENT

98-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

Laurie Kata

Street Address (P.O. Box Number is Not Acceptable)

1492 N.W. 65th Terrace

Suite, Apt. #, Etc.

City

Margate

State
FL

Zip Code

33063

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

Laurie Kata

Date **11/27/06**

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
Pres	Joseph Kata	1492 NW 65 ter	Margate FL 33063
V.Pres	Laurie Kata	1492 NW 65 terr	Margate FL 33063

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 contained in Chapter 119, 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:

Laurie Kata

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/06

Date

954-969-0310

Daytime Phone #

Flying Locksmiths, Inc.
888-771-8990

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October 30, 2006

Department of State
Division of Corporations
Reinstatement Division
P.O. Box 6327
Tallahassee, FL 32314

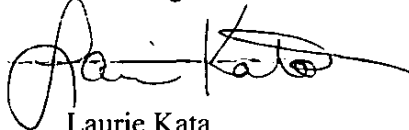
Re: Document # P97000064775

To Whom It May Concern:

Please accept this letter as a formal request to consider a partial waive of the \$900.00 fee to reinstate our corporation's status. We did not renew our corporation because we did not receive the renewal postcard in the mail. Please notify us by mail the total amount due to reinstate our corporation's status.

Feel free to contact me with any questions or concerns. Thank you in advance for your prompt attention to this matter.

Kind Regards,



Laurie Kata
Vice President
Flying Locksmiths, Inc.

98-06

P.O. Box 934297
Margate, Florida 33093