

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000066423

1. Corporation Name

KAMALY'S LANDSCAPING, INC.

Principal Place of Business

Mailing Address

104 BRAEBURN CIRCLE  
DAYTONA BEACH FL 32119

104 BRAEBURN CIRCLE  
DAYTONA BEACH FL 32119

P.O. BOX 291244 PORT ORANGE FL 32129

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/30/1997

5. FEI Number

59-3460599

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	KAMALY, EBRAHIM	142 SEA HOLE CIR	DAYTONA BEACH FL 32119
DST	KAMALY, DACE	142 SEA HOLE CIR	DAYTONA BEACH FL 32119
DP	KAMALY ABRAHAM	PO BOX 291244 PORT ORANGE, FL 32129	
			3000008947223 11/13/02--01014--015 **150.00

8. Name and Address of Current Registered Agent

BORNS, LAWRENCE W  
412 N HALIFAX AVE  
DAYTONA BEACH FL 32118

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

11-5-02

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)(l), 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-5-02

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# Kamaly's Landscaping Inc.



Tel. (386) 767 9076 Fax (386) 767 9201  
P.O. Box 291244 Port Orange, FL 32129-1244  
E-mail Kamalys@aol.com

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*SORRY I NEVER RECEIVED APPLICATION  
ON TIME*

*Thank you*

*11.5.02*