PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| COPPO (TIC) REINSTA | FLORIDATE K S 7 /is | PART VIE UT OF STATE the dry arris et of State | | FILED OIMAR 21 AM 10: 27 | 10 |
| DOCUMENT # P9700 1. Corporation Name | 00 98 7 | 1/2 | T | SECRETARY OF STATE ALLAHASSEE, FLORIDA | ~, ! |
| Kealani, Inc. | | | | | |
| 2. Principal Office Address 701 S. W. 15Th ST | 3. Mailing Offic | | | | |
| Boca Raton, F1 334Bb Suite, Apt. #, etc. | Suite, Apt. #, etc | W. Isth ST. | | | |
| | City & State | | | porated or Qualified ness in Florida 10/97 | : . |
| City & State Boca Raton, Fl | Bocie | Raton Fl | 5. FEI Numbe | 797870 | Applied For Not Applicable |
| Zip Country 33486 Palm Beach | zip 33486 | Country Palm Beach | 6. | SOE STATUS DESIDED 1 \$8.75 Addit | ional Fee required |
| John Home (| | ne and Address of Current Registe | ored Agent | | |
| Street Address (P.O. Box Number) s N 70 S W J Suite, Apt. #, Etc. | lot Acceptable) | | 7 | | 72 0007 **450.00 |
| Boca Raton | | | | State Zip Code FL 33486 | |
| 8. I, being appointed the registered agent of the abo | ove named corporati | ion, am familiar with and accept the | obligations of section | | |
| Signature of Registered Agen | EGISTERED AGEN | IT MUST SIGN | <u>.</u> | Date 3/21/01 | |
| 9. Names and Street Addresses of Each Officer ar | d/or Director (Florida | a nonprofit corporations must list at l | east 3 directors) | | |
| Titles Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | City / State / Zip | |
| Pres. Karen Bes | rganT2 | 701 SW15 | -Th ST | Boca Raton | F1 33486 |
| Pres. Karen Bes V.B. Carl Bengo | nTZ | 701 SW 15T | <u> </u> | Boca Raton, Boca Raton, FI | 33486 |
| | | | | · LS | |
| | | | | | |
| 10. I certify that I am an officer or director or the recording this reinstatement application, the reason for discoved by the corporation have been paid and the on this application is true and accurate, and my | solution has been eli names of individual | iminated, the corporate name satisfie Is listed on this form do not qualify for | es the requirements r an exemption und | of section 607.0401 or 617.0401, F.S. | , that all fees |

Soft

21 March 2001

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

I moved to Florida three and a half years ago and started a new business. I transferred the corporation that my wife and I started in Hawaii a number of years ago. I hired an attorney to help with the legal documents for the transfer.

Recently I was updating my Workers Compensation exemption. I was just informed by the department that my corporation was no longer in existence because I had not paid the annual fees. I had no idea that there was an annual fee. I had not been told by the attorney that there was a renewal annually. In addition I had not received a letter from your department telling me that my fees were due or delinquent. I had moved approximately 10 months after I registered my corporation here in Florida but my mail was forwarded for an additional year.

When I was informed by the Workers Compensation people that my corporation needed to be reinstated I called your office. The woman I talked to said that I owed \$450.00 for the years 1999, 2000, and 2001. I was noticing on the back of the form for Corporate Reinstatement that there is a much higher charge for corporate reinstatement. I had no intention of avoiding the annual fee. I am not sure if it is your departments policy not to inform corporations when their renewal is due or if I simply was missed.

I have enclosed a check for \$450.00 as I was told to do. I hope this will take care of the payments I owe. You can be assured that I will not miss future payments. I would appreciate it if you could also inform me what date the fees are due and if you do send out a notice prior to the due date.

Thank you very much for your understanding.

Sincerely,

Carl Bergantz

V.P. Kealani, Inc.

701 S.W. 15th St.

Boca Raton, Fl 33486

FAX/Phone: (561) 750-9984