

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *PAGE 10/12*

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

-03 AUG -6 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000108206

1. Corporation Name

KACHING, INC.

2. Principal Office Address

4233 Eagle Watch

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palm Harbor FL

City & State

Zip

34685

Country

Pinellas

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/1997

5. FEI Number

650802600

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

400022291994
08/13/03--01055--028 **600.00

7. Name and Address of Current Registered Agent

Name

scott a. gostyla

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

13825 ICOT BLVD

Suite, Apt. #, Etc.

Suite 613

City

Clearwater

State
FL

Zip Code
3760

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

REGISTERED AGENT MUST SIGN

Date

8/5/03

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
dpts	scott a gostyla	4233 eagle watch	palm harbor, FL 34685

00-03 USBR TS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/5/03

727-424-1447

CR25081 (10/02)

P97000108206

Tuesday, August 05, 2003
Department of State
Division of Corporations
409 East Gaines St
Tallahassee, FL 32399

RE: Reinstatement of Kaching Inc - Document# P97000108206

To Whom It May Concern:

I am sending this to reinstate my company, Kaching Inc. and am attaching a reinstatement fee of \$600.00. I am asking that you wave the additional penalty because I never received any notice from the state because the correct address was not on file.

Thank you for any assistance.


Sincerely,

Scott A. Gostyla
President
Kaching Inc.