

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 NOV 26 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000010005

1. Corporation Name

KAKADAR, INC.

2. Principal Office Address

3000 N. University Dr.

Suite, Apt. #, etc.

Suite E

City & State

Coral Springs, Fl.

Zip

33065

Country

U.S.A.

3. Mailing Office Address

3000 N. University Dr.

Suite, Apt. #, etc.

Suite E

City & State

Coral Springs, Fl.

Zip

33065

Country

U.S.A.

**REINSTATEMENT** 00-03

8/25/03 01101 015 \$600.00

4. Date Incorporated or Qualified  
To Do Business in Florida

02/02/1998

5. FEI Number

65-0811663

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

Laszlo Szabo

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

3000 N. University Drive

Suite, Apt. #, Etc.

Suite E

City

Coral Springs,

State

FL

Zip Code

33065

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

*Laszlo Szabo*

REGISTERED AGENT MUST SIGN

Date

8/19/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|--------|--------------------------------------|---------------------------------------------------|--------------------------|
| DPTS   | Laszlo Szabo                         | 11560 Wiles Road                                  | Coral Springs, Fl. 33065 |
|        |                                      |                                                   |                          |
|        |                                      |                                                   |                          |
|        |                                      |                                                   |                          |
|        |                                      |                                                   |                          |
|        |                                      |                                                   |                          |

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:

*Laszlo Szabo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/03

Date

954-753-1041

Daytime Phone #

CR2E081 (10/02)