

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY -6 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000013013

1. Corporation Name

KABIL ENTERPRISES INC.

2. Principal Office Address - No P.O. Box #

1360 PATRICK PL
Suite, Apt. #, etc.

City & State

THE VILLAGES FL

Zip

32162

Country

USA

3. Mailing Office Address

- SAME -
Suite, Apt. #, etc.

City & State

Zip

Country

100128567291
05/06/08--01009--004 ***450.00
REINSTATEMENT4. Date Incorporated or Qualified
To Do Business in Florida

1/22/98

5. FEI Number

59-3487319

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM C. VAN LAU JR.

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

1360 PATRICK PLACE

Suite, Apt. #, Etc.

City

THE VILLAGES

State

FL

Zip Code

32162

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

\$450.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0003, F.S.

Signature of
Registered AgentWilliam C. Van Lau Jr.
REGISTERED AGENT MUST SIGN

Date: 4/30/08

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	William C. Van Lau Jr.	1360 PATRICK PLACE	THE VILLAGES, FL 32162
V-PRES	Kay A. Van Lau	"	"

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:

Kay A. Van Lau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/30/08
Date352.430.1275
Daytime Phone #