DI EACE DEAD ALL INI	CTRUCTIONS BEFORE	E COMPI ETING THIS FORM	
APPLICATION FLOR FOR REINSTATEMENT		E COMPLETING THIS FORM. ATE FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # P98000026229 1. Corporation Name		99 NOV 3 O AM 8: 50	
KELLEY INVESTMENTS, INC.			
Principal Place of Business Mailing A	cipal Place of Business Mailing Address		
910 HARBOR LAKE COURT SAFETY HARBOR FL 34695 910 HARBOR LAKE COURT SAFETY HARBOR FL 34695			
If above addresses are incorrect in any way, line through incorre 2. New Principal Office Address, If Applicable	Agiling Office Address, if Applicable	4. Date incorporated or Qualified	7
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. FEI Number	
City & State + HARBOR & FL City & St.	M HARBOR FI	Not Applicate	oke
Zip 34685 Country 115 Zip 2	34685 Country US	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee requirements for a Cottle ate of State	red S
7. Names and Street Addresses of Each Officer and/or Director Name of Officers	(Florida nonprofit corporations must list Street Address of		
Trtle(s) and/or Directors	Officer and/or Dis	rector City / State / Zip	
D KELLEY, ROBERT P	1590 LAGO VISTO		-
	1510 3100 8130	··· ··· ··· ··· ··· ··· ··· ··· ··· ··	
			-
		9000030706890 -12/15/9901025017	
		****150.00 ****150.00	
8. Name and Address of Current Registered Agent Name		9. Name and Address of New Registered Agent	(88)
KELLEY, ROBERT P 910 HARBOR LAKE COURT SAFETY HARBOR FL 34695		ress (P.O. Box Number is Not Acceptable) 90 LAGO VISTA #, Etc.	CRZEO40 (8v
	chy PA	LM HARboe State Zip cope 34685	
10. I, being appointed the registered agent of the above named of Signature of Registered Agent Recustered Agent	AGENTAMUST SIGN		_
this reinstatement application, the reason for dissolution has to owed by the corporation have been paid and the names of in-	seen eliminated, the corporate name sat dividuals listed on this form do not quali	on as provided for in chapter 607 or 617, F.S. I further certify that when filing tisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees lify for an exemption under section 119.07(3)(I), F.S. The information indicate	[
on this application is true and accurate, and my signature sha	ii reave the same legal effect as it made	AD	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME	OF BIGHING OFFICER OR DIRECTOR	KELLEY 10/27/99 727 725-2588 Date Daylime Phone #	
Ĺ	Y		



Robert H. Schoepf, P.A. Cextified Public Accountant

2677 N. W. 10th Street, Suite 1A Ocala, Florida 34475

October 29, 1999

Florida Department of State Katherine Harris Secretary of State Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE:

DOCUMENT # P98000026229 KELLY INVESTMENTS, INC.

Attention:

Reinstatement Department

Please find enclosed a check for \$150.00 and a reinstatement application.

Please Note: The following was dictated to me by Mr. Robert P. Kelley.

"The original Annual Report was never received by me or anyone who acted as an agent etc.for me."

"Obviously I incorporated in 1998 and 1999 would have been the first Annual Report this company would have filed. After incorporating I moved my offices and the original was not correctly forwarded to the new address. This corporation acts as a general partner to a family limited partnership and does not in itself transact a whole lot of business. Since this being it's first year, since the original Annual Report was not received and since there was in fact a change of address, I would appreciate a one time waiver of penalty and / or premiums and have my corporation reinstated."

Please Note: I have communicated this to you from Mr. Robert P. Kelley. I appreciate your cooperation in this matter and will see to it that this fee will be paid timely in future periods.

Sincerely,

enclosure

Phone Number: (352) 402-9950 - Fax Number: (352) 402-0599