

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000088994

1. Corporation Name

KA 'VONRE' A INTERNATIONAL, INC.

Principal Place of Business

1497 MAIN STREET SUITE 278  
DUNEDIN FL 34689

Mailing Address

1497 MAIN STREET SUITE 278  
DUNEDIN FL 34689

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/19/1998

5. FEI Number

68-06-2124-003

Applied For

Not Applicable

6. 65-0867982

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	JACKSON, KATHLEEN L	1497 MAIN STREET SUITE 278	DUNEDIN FL 34689
	JACKSON, KATHLEEN, L		

8. Name and Address of Current Registered Agent

JACKSON, KATHLEEN L  
261 306 MILWAUKEE AVENUE  
DUNEDIN FL 34689

9. Name and Address of New Registered Agent

Name JACKSON KATHLEEN L  
Street Address (P.O. Box Number is Not Acceptable)  
1497 MOAN ST. Suite 278  
Suite, Apt. #, Etc.  
City DUNEDIN State FL Zip Code 34698

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of  
Registered Agent

Kathleen L. Jackson

REGISTERED AGENT MUST SIGN

Date 10-21-99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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:

Kathleen L. Jackson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
KATHLEEN L JACKSON

10-21-99 Date  
722736-1499 Daytime Phone #

FILED

99 NOV 15 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



5/04/99 90116/004 \$150.00



LS

ORIGINAL

(2)

To whom it may concern:

"I did submit the annual report in May. I assumed it was filed, as I never received a rejection letter.

I sent in a check for \$150.00 in May, or it may have been a money order.

Please apply it.

Respectfully  
Ray Jackson  
Ka Morik Ltd Inc.