

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 DEC -1 AM 10:02

DOCUMENT # P99000015887

1. Corporation Name
 KELKAT, INC.

Principal Place of Business Mailing Address
 38936 ALSTON AVE 38936 ALSTON AVE
 ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540



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 | | 4. Date Incorporated or Qualified To Do Business in Florida 02/15/1999 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-3556872 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 |
|------------|-------------------------------------|--|----------------------|
| D | GRIFFIN, TALMADGE A | 38936 ALSTON AVE | ZEPHYRHILLS FL 33540 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

500003500275--2
 -12/13/00--01097--002
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | | |
|---|--|-------------|
| GRIFFIN, TALMADGE A 38936 ALSTON AVE ZEPHYRHILLS FL 33540 | Name | |
| | Street Address (P.O. Box Number is Not Acceptable) | |
| | Suite, Apt. #, Etc. | |
| | City | State FL |
| | | Zip Code |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] **COPIES REQUIRED** Date 11/29/00
 REGISTERED AGENT MUST SIGN

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 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] **COPIES REQUIRED** Date 11/29/00 Daytime Phone # 813-779-0727
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)

-2-

TO WHOM IT MAY CONCERN -

I RECEIVED THIS FORM IN THE MAIL ABOUT 3
WEEKS AGO. I WAS SURPRISED AND SHOCKED
BY THE CONTENTS AND CHARGES. I CALL
TODAY (11/29/00) AND SPOKE WITH TYNONE IN
YOUR OFFICE. I EXPLAINED TO HIM I HAD
NO CIVIL I WAS SENT A FORM TO FILL OUT
AND UNTIL THIS FORM HAD NOT RECEIVED ANYTHING
I ASK THAT THE PENALTY NOT BE ASSESSED,
AND CAN ASSURE THIS WILL NOT HAPPEN
AGAIN. (BECAUSE NOW I KNOW THIS IS A YEARLY
EVENT)

Very truly yours.

TALMADGE A GRIFFIN

