

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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  
ZEPHYRHILLS FL 33540

38936 ALSTON AVE  
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

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

REGISTERED AGENT MUST SIGN

Date 11/29/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/00  
Date

813-779-0722  
Daytime Phone #

AD

CR2E040 (800)

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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 TYNANE IN YOUR OFFICE. I EXPLAINED TO HIM I HAD NO CLUE 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

