

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 24 AM 11:14

DOCUMENT # P99000044176

1. Corporation Name

KELLIN MANAGEMENT, INC.

Principal Place of Business

12828 ROYAL GEORGE AVE.
ODESSA FL 33556

Mailing Address

12828 ROYAL GEORGE AVE.
ODESSA FL 33556

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

05/14/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3588943

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KELLIN, DOUGLAS W	12828 ROYAL GEORGE AVE	ODESSA FL 33556
V	KELLIN, VICKY	12828 ROYAL GEORGE AVE	ODESSA FL 33556

20000467943 SP 5
-11/14/01--01089--022
****550.00 ****550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KELLIN, DOUGLAS W
12828 ROYAL GEORGE AVE.
ODESSA FL 33556

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/21/01

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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/01 813
920-0661

292

Kellin Management Inc.
12828 Royal George Avenue
Odessa, FL 33556

October 16, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: P97000074873

Today I received a notice of Administrative Dissolution or Revocation. I did mail the paperwork with a check. As you can see from the check went to the incorrect address and was mailed back to me. I then resent a check including the penalty. After speaking with you today it was determined that you as of yet had not received the check, and it has not been cashed.

I have also enclosed a new check in the amount of \$550.00. Please re-instate this corporation effective immediately and waive all re-instatement fees.

Thank you for your prompt attention to this matter. If you have any questions you can reach me at (813) 920-0661.

Sincerely,



Vicky Kellin