

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10F2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
2000
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -8 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000089846

1. Corporation Name

KALENY ENTERPRISES, INC.

Principal Place of Business

5935 S. HIGHWAY A1A
MELBOURNE BEACH FL 32951

Mailing Address

5935 S. HIGHWAY A1A
MELBOURNE BEACH FL 32951

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1999

5. FEI Number

65-0955755

Applied For

Not Applicable

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 |
|---------------|---|--|--------------------------|
| PD | CHANCEY, LARRY E | 5935 S. HIGHWAY A1A | MELBOURNE BEACH FL 32951 |
| VD | CHANCEY, SUSANNE | 5935 S. HIGHWAY A1A | MELBOURNE BEACH FL 32951 |
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8. Name and Address of Current Registered Agent

CHANCEY, LARRY E
5935 S. HIGHWAY A1A
MELBOURNE BEACH FL 32951

9. Name and Address of New Registered Agent

| | | |
|--|-------------|----------|
| 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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-16-00

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
LARRY E. CHANCEY
Date 10-16-00 (321) 723-1967
Daytime Phone #

2052

Kaleny Enterprises, Inc.

PO Box 510296
Melbourne Beach, Fla. 32951
(321) 723-1967

Oct 16, 2000

To: Florida Department Of State
Division of Corporations

Ref: P99000089846

~~Kaleny Enterprises, Inc.~~
5935 S. Highway A1A
Melbourne Beach, Fla. 32951

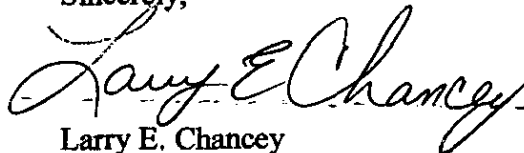
To Whom It Mat Concern,

As per our telephone conversation, our check number 1161 appears to have not been cashed. We wrote the check on Jan. 5, 2000 and mailed it on April 5, 2000. We have looked through our bank statements and find that it was never cashed.

As advised we are sending another check. If there is anything else we need to due please let us know.

Thank you for your cooperation

Sincerely,



Larry E. Chancey
President