

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR -5 PM 2:19

DOCUMENT # **SO1607**

1. Corporation Name
**Kaylandco, Inc.
#SO1607**

2. Principal Office Address
151 South River Drive

Suite, Apt. #, etc.
#103

City & State
Stuart, FL

Zip
34997

Country
US

3. Mailing Office Address
c/o Anthony D. George, Jr.

Suite, Apt. #, etc.
759 S Federal Highway, Ste. 206

City & State
Stuart, FL

Zip
34994

Country
US

B.
REINSTATEMENT 03-06

4. Date Incorporated or Qualified
To Do Business In Florida **9-20-1990**

5. FEI Number
65-0303392

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Anthony D. George, Jr.

Street Address (P.O. Box Number is Not Acceptable)
759 S Federal Highway

Suite, Apt. #, Etc.
Suite 206

City
Stuart

State
FL

Zip Code
34994

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **3/8/6**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/VP/S	Krista Smith	21 Clayton Circle	Wernersville, PA 19565
D/T	Krista Smith	21 Clayton Circle	Wernersville, PA 19565
			600070227466 04/12/06--01042--018 **1058.75
			600070227466 04/12/06--01042--019 **150.00

10. 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:

Krista M. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/05

Daytime Phone #

610 678 4838

CR2E081 (01/05)