

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **V53144**

1. Corporation Name

Kelci Corp

FILED

01 DEC 24 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

5400 S. UNIVERSITY DR.

3. Mailing Office Address

5400 S. UNIVERSITY DR

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

Suite 700

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33328

Country

USA

Zip

33328

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/24/92

5. FEI Number

65-0351359

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

500004764925-1

Name

GERALD R. DAMSKY

-01/10/02--01040--015

*****1050.00 ***1050.00**

Street Address (P.O. Box Number is Not Acceptable)

5400 S. UNIVERSITY DR.

REINSTATEMENT 99-01

78

Suite, Apt. #, Etc.

Suite 700

City

DAVIE

State

FL

Zip Code

33328

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

Date **12/20/2001**

REGISTERED AGENT MUST SIGN

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
PRES	GERALD R. DAMSKY	8086 N. SAVANNAH CIRCLE	DAVIE, FL 33328

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:

GERALD R. DAMSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/2001
Date

954-434-4545
Daytime Phone #