

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2008 MAY -6 AM 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000013013

1. Corporation Name

KABIL ENTERPRISES INC.

2. Principal Office Address - No P.O. Box #

1360 PATRICK PL

Suite, Apt. #, etc.

City & State

THE VILLAGES FL

Zip

32162

Country

USA

3. Mailing Office Address

- SAME -

Suite, Apt. #, etc.

City & State

Zip

Country

100128567291 05/06/08--01009--004 ***450.00 REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

1/22/98

5. FEI Number

59-3487319

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM C. VAN LAW JR.

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

1360 PATRICK PLACE

Suite, Apt. #, Etc.

City

THE VILLAGES

State

FL

Zip Code

32162

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

\$450.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0003, F.S.

Signature of Registered Agent

William C. Van Law Jr.

REGISTERED AGENT MUST SIGN

Date: 4/30/08

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	William C. Van Law Jr.	1360 PATRICK PLACE	THE VILLAGES, FL 32162
V-PRES	KAY A. VAN LAW	"	"

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 contained in Chapter 119, 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:

Kay A. Van Law

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

352.430.1275

Daytime Phone #