

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION
FOR
REINSTATEMENT



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

2001 UBR

FILED

01 NOV -5 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000034088

1. Corporation Name

KENNY PHILLIPS PAINTING & CARPENTRY, INC.

Principal Place of Business

120 PRISCILLA LANE
FT. WALTON BEACH FL 32547

Mailing Address

120 PRISCILLA LANE
FT. WALTON BEACH FL 32547



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

03/30/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3636722

Not Applicable

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
1	2	3	4
Sec.	Kim Phillips	120 Priscilla Dr.	Ft. Walton Bch FL 32547
			7000004703617--6
			-12/04/01--01029--012
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PHILLIPS, KENNETH
120 PRISCILLA LANE
FT. WALTON BEACH FL 32547

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 OF REGISTERED AGENT

Date

REGISTERED AGENT MUST SIGN

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

10.30.01

Date

850-244-6387

Daytime Phone #

CR2E040 (8/01)

2062

KENNY PHILLIPS PAINTING & CARPENTRY, INC

**120 PRISCILLA LANE
FORT WALTON BEACH, FL 32547**

October 15, 2001

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

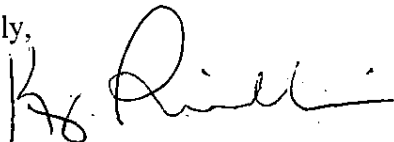
Dear Sir/Madam:

I received in the mail a packet from your office referring to the dissolution of my corporation for non-payment of some filing fees.

This is the first year of my corporation and I did not receive a tax bill or any other information from your office about my corporation.

If I owe a fee, please advise me how much and when it is due. I sincerely request that you abate any penalty at this time.

Sincerely,



Kenneth Phillips