PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

2001 UBE

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000034088

1. Corporation Name

KENNY PHILLIPS PAINTING & CARPENTRY, INC.

Principal Place of Business	Mailing Address
120 PRISCILLA LANE FT. WALTON BEACH FL 32547	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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/30/2000

5. FEI Number: 59-3636722 ☐ 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
Sec.	Kim Phillips	120 Priscilla Dr.	Ft. Walton Bch Fl 32547
			700004703617--6 -12/04/01--01029--012 ****150.00 ****150.00
			FILS

8. Name and Address of Current Registered Agent

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

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

CR2E040 (8/01)

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 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: * Kim Phillips SIGNATURE REQUIRED 10.30.01 850-244-6387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[redacted]

202

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