

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 JUL -1 AM 5:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000167390

1. Corporation Name

Kingdon Development #2, Inc.

500158059355  
07/01/09--01040--007 \*\*1358.75

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #  
24348 W. Caribbean Dr.

3. Mailing Office Address  
17 Kingfisher Lane

Suite, Apt. #, etc.

City & State  
Summerland Key, FL

City & State  
Key West, FL

Zip Country  
33042 USA

Zip Country  
33040 USA

4. Date Incorporated or Qualified To Do Business in Florida Dec. 13, 2004

5. FEI Number 20-2255642 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  
Kenneth R. Kingdon

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

Suite, Apt. #, Etc.

City State Zip Code  
Key West FL 33040

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.

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 Kenneth R. Kingdon Date 6/30/09  
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.	Kenneth R. Kingdon	2110 E. 1730 North Rd.	Watseka, IL 60970
Sec.	Robert L. Kingdon	607 E. Porter Ave.	Watseka, IL 60970
Treas.	Robert L. Kingdon	607 E. Porter Ave.	Watseka, IL 60970
Dir.	Kenneth R. Kingdon	2110 E. 1730 North Rd.	Watseka, IL 60970
Dir.	Robert L. Kingdon	607 E. Porter Ave.	Watseka, IL 60970

**REINSTATEMENT RH**

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: Robert L. Kingdon Robert L. Kingdon 6/30/09 815-432-5448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #