

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 APR 30 PM 12:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000027177

1. Corporation Name
 KENDALL HOLLAND INC.

Principal Place of Business 1270 31ST ST. SW NAPLES FL 33964	Mailing Address 1270 31ST ST. SW NAPLES FL 33964
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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 03/22/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0651876	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HOLLAND, KENDALL	1270 31ST STREET SW	NAPLES FL 33964

500004242375--1
 -05/17/01--01076--016
 ****900.00 ****900.00

REINSTATEMENT 00-01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOUTHWEST PROFESSIONAL SERVICES OF FORT MYERS, INC SOUTH FLORIDA, INC
 1143611 MCGREGOR BLVD. #22
 FT. MYERS FL 33919

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]* Date: 4/25/01

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

NATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2001 941-353-4411
 Date Daytime Phone #

CR2E040 (8/00)