

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 29 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000027177

1. Corporation Name

KENDALL HOLLAND INC

**REINSTATEMENT** 02-03

100017231041  
04/29/03--01019--005 \*\*\$900.00

2. Principal Office Address

1270 31ST SW

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Zip

331964

Country

LEE

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0651876

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

SOUTHWEST PROFESSIONAL SERVICES OF SO.FLORIDA, INC

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

13571 MCGREGOR BLVD #22

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33919

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

*[Handwritten Signature]*

Date

4/16/03

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
P,D	HOLLAND, KENDALL	1270 31ST ST SW	NAPLES, FL 33964

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 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

Date

239-353-4411

Daytime Phone #

CFR2E081 (10/02)

7/9/20