

19. 1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 APR -3 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathy Fine Harris
Secretary of State
DIVISION OF CORPORATIONS

98-00AR

DOCUMENT # **P 96000037000**

1. Corporation Name
KENDALL - LANE CORPORATION

2. Principal Office Address
1450 Courtenay PKWY

Suite, Apt. #, etc.
Ste 6

City & State
Merritt Island FL

Zip
32953

Country
Brevard

3. Mailing Office Address
1450 Courtenay PKWY

Suite, Apt. #, etc.
Ste 6

City & State
Merritt Island FL

Zip
32953

Country
Brevard

4. Date Incorporated or Qualified To Do Business in Florida
4/29/96

5. FEI Number
59-3379602

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED 39.75 Agent and Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
~~JANET K KENDALL~~ **Larry A. Lane VP**

Street Address (P.O. Box Number is Not Acceptable)
1450 N. COURTENAY PKWY

Suite, Apt. #, Etc.
Ste 6

City
Merritt Island

State
FL

Zip Code
32953

400003217724-4
04/21/00 0100-013
***458.75 ***458.75

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 **[Signature]** Date **3/31/00**

REGISTERED AGENT MUST SIGN

9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Office | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|------------------|-----------------------------------|--|-----------------------------|
| President | JANET K Kendall | 1450 N. COURTENAY PKWY 6 | Merritt Is, FL 32953 |
| VP | Larry A. Lane | 1450 N. Courtenay PKWY 6 | Merritt Is 32953 |
| | | | |
| | | | |

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 118.07(3)(f), 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]** **LARRY A. LANE** Date **3/31/00** **407 453 8880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH2501 (9/95)

KE