

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 09, 2006 8:00 A.M.
Secretary of State

DOCUMENT # 355486

1. Corporation Name

Kingswood, Incorporated

2. Principal Office Address

11862 N. Osprey Way

Suite, Apt. #, etc.

City & State

Jupiter, Florida

Zip

33458

Country

USA

3. Mailing Office Address

11862 N. Osprey Way

Suite, Apt. #, etc.

City & State

Jupiter, Florida

Zip

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

November 18, 1969

5. EEL Number

59-1365290

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

Robert W. McLaughlin

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

11862 N. Osprey Way

Suite, Apt. #, Etc.

City

Jupiter

000064013920

01/19/06--01007--001 **3401.25

400064014064

01/19/06--01007--001 **8.75

FL 33458

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

Robert W. McLaughlin

Date January 6, 2006

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
President	Robert W. McLaughlin	11862 N. Osprey Way	Jupiter, Florida, 33458

REINSTATEMENT

83-06

J. Roberts JAN 11 2006

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 W. McLaughlin

Robert W. McLaughlin

01/06/06

561-743-7271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #