

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 27 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 478165

1. Corporation Name

Peter Kent, Inc.

2. Principal Office Address - No P.O. Box #

6331 S.W. 42nd Street

Suite, Apt. #, etc.

3. Mailing Office Address

6331 S.W. 42nd Street

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33155

Country

Dade

Zip

33155

Country

Dade

REINSTATEMENT 03-07
CR2E081 (1407)
SP

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-1607122

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

Marc Klinger

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

6331 S.W. 42nd Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33155

☒ 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

REGISTERED AGENT MUST SIGN

Date 7/17/07

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	Marc Klinger	6331 S.W. 42nd Street	Miami, Florida 33155

000106528720
07/24/07--01031--011 **758.75

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC KLINGER

Date

7/17/07

Daytime Phone #

305 -
5310891

Express MAIL # EQ538333721 US