

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 MAY 13 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 491313

1. Corporation Name

MIKEL P. KENNEDY INC.

2. Principal Office Address

6602 BOGIE CT

Suite, Apt. #, etc.

City & State

WESLEY CHAPEL, FL

Zip

33544

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1637941

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 96-02

7. Name and Address of Current Registered Agent

Name

Mikel P. Kennedy

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

6602 BOGIE CT.

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33544

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

Mikel P. Kennedy
REGISTERED AGENT MUST SIGN

Date

5/8/02

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
PD	Mikel P. Kennedy	6602 BOGIE CT.	Wesley Chapel FL 33544

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:

Mikel P. Kennedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/8/02

Daytime Phone #