

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 25 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 504339

1. Corporation Name

KENTEN, INC.

Principal Place of Business

5647 17TH ST
ZEPHYRHILLS FL 33540

Mailing Address

~~6815~~ Dairy Rd
ZEPHYRHILLS FL 33540



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/01/1976	
City & State		City & State		5. FEI Number	
Zip		Zip		NOT APPLICABLE	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	LINVILLE, JERRY W	5647 17TH ST	ZEPHYRHILLS FL 33540
SD	LINVILLE, WENONAH	5647 17TH ST	ZEPHYRHILLS FL 33540
TD	CONNELL-LINVILLE, JERRI	5236 16TH ST	ZEPHYRHILLS FL
			400003034674--2
			-11/04/99--01033--003
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAGGETT, JUDSON B
6815 DAIRY RD
ZEPHYRHILLS FL 33540

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Judson B. Baggett

REGISTERED AGENT MUST SIGN

Date 10/20/99

KE

11. 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:

X Judy W. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 10-21-99

Daytime Phone #

CR2ED04 (8/99)

Judson B. Baggett, CPA, PA
Certified Public Accountant

8815 Dairy Road
Zephyrhills, FL 33540
Phone: (813) 788-2155
Fax: (813) 782-8606

October 21, 1999

Ref: Kenten, Inc., Application for Reinstatement

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

We are responding to the enclosed Notice of Administrative
Dissolution for the taxpayer.

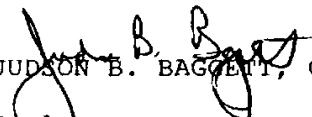
Enclosed is a signed application for reinstatement, together with
a check for \$150.

We request the reinstatement fee of \$600 be waived in this case.
The President of the corporation is Mr. Jerry W. Linville, and
the annual report has been mailed to him in the past. Mr.
Linville is elderly, and last year he was diagnosed with
Parkinson's disease, and also has continuing heart problems.
With his health problems, his memory has continued to worsen, and
he apparently was not aware that the annual report was not filed.

Under these unusual circumstances, we request the \$600
reinstatement fee be waived. We have changed the mailing address
for the annual report to come to our office, and we will insure
he files the report on time in the future.

Please contact us if you have questions or need additional
information. We appreciate your assistance in this matter.

Sincerely,


JUDSON B. BAGGETT, CPA

Encl:

- Notice of Admin Dissolution or Revocation (copy)
- Application for reinstatement
- Check for \$150

(LINV1021)