

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 21 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713968

1. Corporation Name

KENNEDY HOMES, INC

2. Principal Office Address

1721 S.E. 8th Ave

Suite, Apt. #, etc.

Gainesville, FL

City & State

Gainesville, FL

Zip

32602

Country

USA

3. Mailing Office Address

c/o VOA NATIONAL SERVICES

Suite, Apt. #, etc.

1660 DUKE ST.

City & State

ALEXANDRIA, VA

Zip

22314

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-19-68

5. FEI Number

59-1224058

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

C T CORPORATION

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

1200 SC PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Victor Alfano

VICTOR ALFANO

REGISTERED AGENT MUST SIGN

ASSISTANT SECRETARY

Date

3/5/01

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/D	Shahab Dadjou	1660 Duke St.	Alexandria, VA 22314
VP/D	Ron Patterson	7530 Market Place Dr.	Eden Prairie, MN 55344
S/T/D	Thomas Perkins	1000 Howard Ave, S 100	New Orleans, LA 70113
D	Michael Spilane	640 Jackson St.	St. Paul, MN 55101
D		<i>Ron Patterson 3-27-01</i> <i>RAS</i>	

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:

Ron Patterson

Ron Patterson

3/2/01

Date

612.941.0305

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)