PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 NOV -4 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000005825

1. Corporation Name
Kinley Corporation of New York

100214001961
11/04/11--01037--005 **750.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3401 N. Courtenay Pkwy	7301 E. Commercial Blvd
Suite, Apt. #, etc	Suite, Apt. #, etc.
Merritt Island, FL	Arlington, Texas
Zip: 32953 Country: USA	Zip: 76001 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/12/04

5. FEI Number: 16-0872851 ☐ 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: James M. Crisafulli
Street Address (P.O. Box Number is Not Acceptable): 3401 N. Courtenay Pkwy
Suite, Apt #, Etc.
City: Merritt Island | State: FL | Zip Code: 32953

11
REINSTATEMENT
B. 11/7/11

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: James M Crisafulli (REGISTERED AGENT MUST SIGN) Date

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
CEO	James L. Kinley	7301 E. Commercial Blvd	Arlington, Tx 76001
Pres	Jason Crisafulli	4295 Maple Ave Ext.	Allegany, NY 14706
V-Pres	Michael Giardini	4295 Maple Ave. Ext.	Allegany, NY 14706
V-Pres	James M. Crisafulli	3401 N. Courtenay Pkwy	Merritt Island, FL 32953
Sec	Jenifer Kinley	7301 E. Commercial Blvd.	Arlington, Tx 76001

10. E-mail Address: Kinleycorp@prodigy.net
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: James M Crisafulli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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