

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
00 OCT 25 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** F09587

**1. Corporation Name**

KINGSFORD, INC.

**2. Principal Office Address**

2391 Bendway Drive

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33948

Country

US

**3. Mailing Office Address**

2391 Bendway Drive

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33948

Country

US

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

OCT 16, 1980

**5. FEI Number**

59-2365926

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

BARBARA MURRAY

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

2391 Bendway Drive

Suite, Apt. #, Etc.

City

Port Charlotte

State  
**FL**

Zip Code  
33948

**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

*Barbara Murray*  
REGISTERED AGENT MUST SIGN

Date **October 23, 2000**

**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/S/T/ D	BARBARA MURRAY	2391 Bendway Drive	Port Charlotte, FL 33948

**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:**

*Barbara Murray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/2000  
Date

941-743-0342  
Daytime Phone #