


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 NOV 14 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/01/06 0103 008 1050
CR2E081 (12/05)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F15762			
1. Corporation Name W. Kent Company, Inc.			
2. Principal Office Address 3610 Yacht Club Drive Suite, Apt. #, etc. Apt #906 City & State Miami, FL Zip 33180 Country		3. Mailing Office Address PO Box 610102 Suite, Apt. #, etc. Miami, FL Zip 33261 Country	

4. Date Incorporated or Qualified To Do Business In Florida 01/22/1981	
5. FEI Number 36-2474932	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Tomlinson, Dollye		
Street Address (P.O. Box Number is Not Acceptable) 3610 Yacht Club Drive		
Suite, Apt. #, Etc. Apt #906		
City Miami	State FL	Zip Code 33180

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 <i>Dollye Tomlinson</i>	Date 11-8-06
REGISTERED AGENT MUST SIGN	

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	Tomlinson, Dollye	3610 Yacht Club Dr #906	Miami, FL 33180

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 contained in Chapter 119, 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 <i>Dollye Tomlinson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 11-8-06 305/944 4041 305-944 4041 or 800-521-4886