

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 OCT 16 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F36218

1. Corporation Name

Kenneth W. Simpson, Inc.

Principal Place of Business

Mailing Address

c/o Corp Services #207  
5224 West State Rd. 46  
Sanford FL. 32771

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

5/26/81

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

592198738

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Thomas Love	5224 West State Rd. 46 #207	Sanford FL. 32771
			300004641689--8
			10/18/01--01043--024
			***2222.50 ***2222.50
			REINSTATEMENT 90-01
			TS

8. Name and Address of Current Registered Agent

Forbes, John R.  
817 No Main St.  
Jacksonville FL 32202

9. Name and Address of New Registered Agent

Name

Thomas Love

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

5224 West State Rd. 46

Suite, Apt. #, Etc.

#207

City

Sanford

State

FL

Zip Code

32771

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

Thomas E Love

REGISTERED AGENT MUST SIGN

Date 10/11/01

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

Thomas E Love

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/01

Date

407-321-0007

Daytime Phone #

CR2E0819 (2/99)