

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 MAY -2 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F51153

1. Corporation Name

KENT-CYR ENTERPRISES, INC.

915

Principal Place of Business

6700 S. FLORIDA AVE.
STE. #6
LAKELAND FL 33813
US

Mailing Address

P.O. BOX 6420
LAKELAND FL 33813-1503
US

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

10/27/1981

Suite, Apt. #, etc.

3375 Crews LK. Dr.

Suite, Apt. #, etc.

P.O. Box 1798

City & State

Lakeland, FL

City & State

Highland City

Zip

33813

Country

Polk

Zip

33846

Country

Polk

5. FEI Number

59-2134200

Applied For

Not Applicable

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
PD	ELLSWORTH, KENT C	6700 S. FLORIDA AVE. #6 3375 Crews LK. Dr.	LAKELAND FL 33813

600002173256-9
-05/03/97--01097--003
****\$15.00 ****\$15.00

JB5-B-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELLSWORTH, KENT C.
6700 S. FLORIDA AVE.
STE. #6
LAKELAND FL 33813

Name

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

3375 Crews LK. Dr.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E040 (7/95)