

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F62651

1. Corporation Name

K.E. TAYLOR & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

25 BOW CIRCLE  
SUITE 4  
HILTON HEAD SC 29938  
US

BOX 6899  
HILTON HEAD SC 29938  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101 Pope Ave  
Hilton Head SC

City & State

Zip 29938 Country US

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

01/11/1982

SP

5. FEI Number

98-0052171

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	4 City / State / Zip
P	TAYLOR, K.E.	2283 D LAKESHORE BLVD, W	ETOBICOKE ON M8V1A
S	TAYLOR, JOAN S.	2283 D LAKESHORE BLVD, W	ETOBICOKE ON M8V1A
D	MACLEAN, LINDA	79 LOMA VISTA DR	THORNHILL, ONTARIO
D	TAYLOR, BRIAN	2283 D LAKESHORE BLVD, W	ETOBICOKE ON M8V1A

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRYSON, M.J. FABER, LEAN, TRYSON  
328 MINORCA AVE  
CORAL GABLES FL 33134

Name BRIAN M JONES Esq  
Street Address (P.O. Box Number is Not Acceptable)  
70 NORTH ORANGE AVE  
Suite, Apt. #, Etc.  
10th Floor  
City ORLANDO State FL Zip Code 32801

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

Date 10/15/99

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., 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

K.E. TAYLOR

Date

Daytime Phone #

Oct 12/99 407-921-1479