

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 15 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H 36959

1. Corporation Name

KENDZIOR FINANCIAL GROUP, INC.

REINSTATEMENT 03-04
MRD

2. Principal Office Address

1422 NW 110 TERRACE

3. Mailing Office Address

7257 NW 4th BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 144

City & State

GAINESVILLE FL

City & State

GAINESVILLE, FL

Zip

32606

Country

ALACHUA

Zip

32607

Country

ALACHUA

4. Date Incorporated or Qualified
To Do Business in Florida

1/07/1985

5. FEI Number

59-2522515

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

RICHARD A. KENDZIOR

800041093468

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

1422 NW 110th TERRACE

09/15/04 01014 002 **300 00

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32606

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

Richard A. Kendzior

Date

9/14/04

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.	RICHARD A. KENDZIOR	1422 NW 110 TERRACE	GAINESVILLE, FL 32606
S/T	CANDACE A. KENDZIOR	1422 NW 110 TERRACE	GAINESVILLE, FL 32606

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:

Richard A. Kendzior (RICHARD A. KENDZIOR)

Date

9/14/04

Daytime Phone #

352-332-0749

CR2E081 (01/04)