


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

DOCUMENT # **0488600**

1. Corporation Name

KILBOURN ENTERPRISES INC

2. Principal Office Address

533 SUWANEE CIR

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33606

Country

US

3. Mailing Office Address

533 SUWANEE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33606

Country

US

FILED

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12-24-8986

5. FEI Number

592749139

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

WILLIAM R. KILBOURN

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

533 SUWANEE CIR

Suite, Apt. #, Etc.

City

TAMPA

State

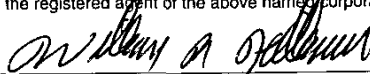
FL

Zip Code

33606

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



Date

11/30/00

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
PD	KILBOURN, WILLIAM R	533 SUWANEE CIR	TAMPA FL 33606
SD	KILBOURN, LOURDES M	533 SUWANEE CIR	TAMPA FL 33606
			KE

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:

 **WILLIAM R. KILBOURN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/00

Daytime Phone #

813.246.6427

CR2E061 (9/99)