

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND FILED

96 DEC 2 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K02692

1. Corporation Name

KERR PROPERTY, INC.

900002019129-3
-12/04/96--01040-015
*****375.00 *****375.00

Principal Place of Business

8824 Easthaven Court
New Port Richey, FL 34655

Mailing Address

8824 Easthaven Court
New Port Richey, FL 34655

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida
11/18/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-2862016

Applied For
Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

Zip

Country

Zip

Country

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	Deeb, Alex R	8824 Easthaven Court	New Port Richey, FL 34655
VD	Demetree, William C	8824 Easthaven Court	New Port Richey, FL 34655
D	Demetree, Jack C.	8824 Easthaven Court	New Port Richey, FL 34655
VT	Deeb, Richard G.	8824 Easthaven Court	New Port Richey, FL 34655
S	Caruso, Dorothea R.	8824 Easthaven Court	New Port Richey, FL 34655

8. Name and Address of Current Registered Agent

Deeb, Alex R.
8824 Easthaven Court
New Port Richey, FL 34655

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 11/22/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

11/22/96

Date

(813)376-6831

Daytime Phone #

REINSTATEMENT 1996

FILED