

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K44894**

1. Corporation Name
Mt. Kenya, Inc.

2. Principal Office Address
224 South Island

Suite, Apt. #, etc.

City & State
Golden Beach, Fl

Zip Country
33160 USA

3. Mailing Office Address
224 South Island

Suite, Apt. #, etc.

City & State
Golden Beach, Fl.

Zip Country
33160 USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/14/1988

5. FEI Number
65-0179930

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
Linda Stein

500056881685

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

Suite, Apt. #, Etc.

City
Golden Beach

State Zip Code
FL 33160

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 June 30, 2005

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	Linda Stein	224 South Island	Golden Beach, Florida 33160

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/30/05

Daytime Phone #

305-785-5251

CR2ED81 (01/05)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 462018 4390271

AUTHORIZATION :

COST LIMIT : \$ 1050.00

Petricia Pizot

ORDER DATE : July 1, 2005

ORDER TIME : 10:0 AM

ORDER NO. : 462018-005

CUSTOMER NO: 4390271

CUSTOMER: Mirian Barrera
Fromberg Perlow & Kornik P.a.
Suite 100
18901 Northeast 29th Avenue
Aventura, FL 33180

DOMESTIC FILINGS

NAME: MT. KENYA, INC.

RECEIVED
05 JUL - 1 AM 10:46
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext# 2955

EXAMINER'S INITIALS _____