

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 AUG 10 PM 12: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L51397**

1. Corporation Name
KENCO SIGNS & AWNING DIVISION, INC.
1538 GARDEN AVE.
HOLLY HILL, FL 32117

2. Principal Office Address

Suite, Apt. #, etc.
1538 GARDEN AVE

City & State
HOLLY HILL, FL

Zip
32117 Country
U.S.

3. Mailing Office Address

SAME AS # 2

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT

99-00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-3201900

Applied For **SP**
 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 **RAYMOND K. WEBB**

300003372393-0

-08/24/00--01090--029

*****300.00 ***90.00**

Street Address (P.O. Box Number is Not Acceptable)
1514 PINE AVENUE

Suite, Apt. #, Etc.

City **HOLLY HILL**

State
FL

Zip Code
32117

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
REGISTERED AGENT MUST SIGN

Date **8/7/2000**

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	RAYMOND WEBB	1514 PINE AVE.	HOLLY HILL, FL, 32117

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

8/7/2000 **904-672-1806**
Date Daytime Phone #

CR2E081 (9/99)