

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN -9 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L65118

1. Corporation Name

C.J.KIRBY, INC.

2. Principal Office Address

3459 Pebble Beach Drive

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip
33467

Country

Palm Beach

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/1990

5. FEI Number

65-0190463

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHARLES J. KIRBY

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

3459 PEBBLE BEACH DRIVE

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

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

Charles J. Kirby
REGISTERED AGENT MUST SIGN

Date **01/05/2006**

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	CHARLES J. KIRBY	3459 PEBBLE BEACH DRIVE	LAKE WORTH, FL 33467

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 contained in Chapter 119, 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

Charles J. Kirby
01/05/2006

Date

561-967-1522

Daytime Phone #

C.J. KIRBY, INC.

3459 PEBBLE BEACH DRIVE
LAKE WORTH, FL 33467
PHONE: 561-967-1522
FAX: 561-965-9477
E-MAIL: KIRBY4294@BELLSOUTH.NET

JANUARY, 5. 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT; REINSTATE; C.J. KIRBY, INC. DOCUMENT# L65118

TO WHOM IT MAY CONCERN:

WE SHOW NO RECORD IN OUR FILES OF RECEIVING NOTICE FROM THE STATE OF FLORIDA REGARDING FILING OF THE APPROPRIATE CORPORATE FORMS AND RELATED FEES REQUIRED FOR THE YEAR 2004.

THUS, WE RESPECTFULLY REQUEST THAT ANY LATE CHARGES BE WAIVED.
PLEASE FIND ENCLOSED CORPORATION REINSTATEMENT FORM AND A CHECK IN THE AMOUNT OF \$450.00 TO REINSTATE C.J. KIRBY, INC.

YOUR CONSIDERATION IN THIS MATTER IS GREATLY APPRECIATED.

SINCERELY,



CHARLES J. KIRBY
PRESIDENT

enc.: