

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 24 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004756

1. Corporation Name

KENLEY METAPHYSICAL CENTER, INC.
8859 NW 49th ST.
COOPER CITY, FL 33351

2. Principal Office Address - No P.O. Box #

8859 NW 49th ST.

3. Mailing Office Address

8859 NW 49th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COOPER CITY, FL

City & State

COOPER CITY, FL

Zip

33351

Country

USA

Zip

33351

Country

USA

700182527947
06/23/10--01026--008 **297.50

REINSTATEMENT 09-10

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/95

5. FEI Number

65-0610534

☐ 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

RECKEL FERGUSON

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

8859 NW 49th STREET

Suite, Apt. #, Etc.

City

COOPER CITY

State

FL

Zip Code

33351

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

Reckel Ferguson
REGISTERED AGENT MUST SIGN

Date

6/17/10

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	RECKEL FERGUSON	8859 NW 49 th ST.	COOPER CITY, FL 33351
T	PATTI FERGUSON	3231 NW 13 th CT.	FORTLAUDERDALE, FL 33311
VP	LINDA CIASNOHA	8859 NW 49 th ST.	COOPER CITY, FL 33351

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Reckel Ferguson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/17/10

Daytime Phone #