

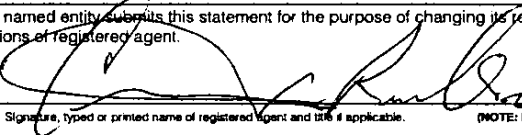
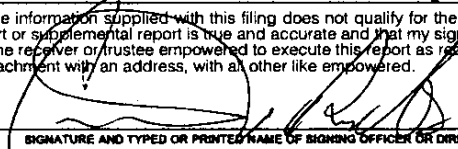


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 29 PM 2:30

DOCUMENT # N96000002168 1. Entity Name NORTH KENWOOD NEIGHBORHOOD ASSOCIATION, INC.																													
Principal Place of Business 1330 24TH ST N ST PETERSBURG, FL 33713 US			Mailing Address P O BOX 15723 ST PETERSBURG, FL 33733																										
2. Principal Place of Business - No P.O. Box # 2475 17 AVE N		3. Mailing Address PO BOX 15723		<div style="font-size: 2em; font-family: cursive;">02/18/07 90046 01770</div> 																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State SFPete FL		City & State SFPete FL																											
Zip 33713		Zip 33713																											
Country USA		Country USA		4. FEI Number 59-3355442																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent WHYSONG, PHILLIP 1330 24TH ST N ST PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Name Casimiro Rael Street Address (P.O. Box Number is Not Acceptable) 3151 10 AVE N City SFPetersburg FL Zip Code 33713																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																													
SIGNATURE  DATE 10/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50			Make check payable to Florida Department of State																										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																										
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE:  DATE 10/26/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													