ر فحد ا	PLEASE READ	All INSTR	LICTIONS	BEEODE C	OMPÎ ET	ING THIS FORM.	Ţ'	
	PLICATION FOR ISTATEMENT	FLORIDA D		IT OF STATE		FILED		
DOCUMENT # P0000027469					01	DEC 18 PM 5: 12		
1. Corporation Name  DARRELL EDWIN KINSEY, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address						A.		
RT. 1. BOX 210 A			<del>210 A -</del>					
MONTICELLO FL 32344					REINSTATEMENT ZOOL			
	addresses are incorrect in any way, line thro	3. New Mailing C	Office Address, If		Date Incorp	orated or Qualified		
Suite, Apt.		Suite, Apt. #, etc.	:55C47 <u>[</u>	airyka	5. FEI Number	03/17/2000 Applied For		
City & State Monticello M  Zip 2 2 1111 — Country — Zip 2 2 2 2			4— ( Country		6.	\$8.75 Additional Fee requ	ired _	
7. Names	And Street Addresses of Each Officer and/o	00394	nonprofit corpora	tions must list at lea		OF STATUS DESIRED	ıs	
Title(s)	Name of Officers and/or Directors			eet Address of Each deer and/or Director		City / State / Zip		
0 -	KINSEY, DARRELL	<b>≒£</b> 1	T <del>. 1, BOX 210 /</del>		<b></b>	MONTICELLO FL 32344		
$\mathcal{Q}$	Kinsey Darrell	3	3481 Ba Rd.	issett (	)airy	monticello R1 32344		
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-		ĺ			20	00047431323 -12/28/0101079009 ****750.00 ****750.00		
						****750.00 ****750.00		
							, , , a seep	
8. Name and Address of Current Registered Agent  Name					9. Name and Address of New Registered Agent			
KINSEY, DARRELL RT. 1, BOX 210 A MONTICELLO FL 32344				Street Address (P	O. Box Number	is Not Acceptable)	CR2E040 (8/	
city Manti					cella	State Zip Code FL 32344	e e e e e e e e e e e e e e e e e e e	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.								
Signature of Registered Agent Date 11-29-01  REGISTERED AGENT MUST SIGN							and the second of the second o	
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 filling 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 Daylime Phone #								