

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000071310

1. Corporation Name

KEVIN A. BURNS P.A.

2. Principal Office Address

2065 ALAMANDA DR

Suite, Apt. #, etc.

City & State

N Miami FL

Zip

33181

Country

USA

3. Mailing Office Address

2065 ALAMANDA DR

Suite, Apt. #, etc.

City & State

NORTH MIAMI FL

Zip

33181

Country

USA

FILED

04 OCT 28 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1029273

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

KEVIN A BURNS

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

2065 ALAMANDA DRIVE

Suite, Apt. #, Etc.

City

NORTH MIAMI

State

FL

Zip Code

33181

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

Kevin A Burns

REGISTERED AGENT MUST SIGN

Date 09/27/04

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	KEVIN A BURNS	2065 ALAMANDA DR NORTH MIAMI FL 33181	NORTH MIAMI FL 33181

900042292758
10/28/04--01068--004 **1050.00

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

Kevin A Burns

Date

09/27/04

Daytime Phone #