

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUL 18 PM 6:40

DOCUMENT # P00000073738

1. Corporation Name

KENT BUILDERS, INC.

REINSTATEMENT 10-12

2. Principal Office Address - No P.O. Box #
6267 Midnight Pass Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

#402

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

34232

Country

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **08/03/2000**

5. FEI Number
65-1029587

☐ 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

Robert W. Darnell

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

1820 Ringling Blvd.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

000237584930
07/18/12--01003--023 **1058.75

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

REGISTERED AGENT MUST SIGN

Date **7-16-12**

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
DPST	Norman Statland	6267 Midnight Pass Rd., #402	Sarasota, FL 34242

10. E-mail Address: **sgrady@sarasotalawfirm.com**

JUL 18 2012

(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. In 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #