

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000013200**

1. Corporation Name

**THE KENNEDY & COMPANY, INC.**

Principal Place of Business

**3820 GULF BOULEVARD  
SUITE 408  
ST. PETE BEACH FL 33706**

Mailing Address

**3820 GULF BOULEVARD  
SUITE 408  
ST. PETE BEACH FL 33706**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**104 W. REYNOLDS ST.**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 9**

City & State

**PLANT CITY, FL**

City & State

Zip

**33566**

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/02/2001**

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEOD	KENNEDY, ERIC V	3820 GULF BOULEVARD, SUITE 408	ST. PETE BEACH FL 33706
PD	KENNEDY, ADONNA L	3820 GULF BOULEVARD, SUITE 408	ST. PETE BEACH FL 33706

7800008810557  
11/05/02--01085--030 \*\*150.00

8. Name and Address of Current Registered Agent

**KENNEDY, ERIC V  
3820 GULF BOULEVARD  
SUITE 408  
ST. PETE BEACH FL 33706**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10/30/02**

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 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 REQUIRED KENNEDY, CEO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/30/02 813-7592417**

Date

Daytime Phone #

CR2E040 (8/02)



**ADVERTISING • MARKETING • TELEVISION**


**October 30, 2002**

**Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327**

**To Whom It May Concern:**

**Please allow this letter to serve as our statement that no report was received and it is for this reason we are requesting to have the fees waived for reinstatement. We have changed our address and as a result have had some difficulties with our mail.**

**Sincerely,**

  
**Eric V. Kennedy  
CEO**