

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 26 AM 8:00

DOCUMENT # PD1000013854

1. Corporation Name

Kevann Technologies INC.

2. Principal Office Address

10487 West Tara Blvd

Suite, Apt. #, etc.

City & State

Boynton Bch, FL

Zip

33437

Country

USA

3. Mailing Office Address

10487 West Tara Blvd

Suite, Apt. #, etc.

City & State

Boynton Bch, FL

Zip

33437

Country

REINSTATEMENT 02-04

500039085355

07/14/04--01010--006 **900.00

5/27/02 9032403K *150.00

4. Date Incorporated or Qualified
To Do Business in Florida

1-17-2001

5. FEI Number

651068502

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

Margaret Graham-Meighan

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

10487 West Tara Blvd

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33437

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

Margaret Graham-Meighan
REGISTERED AGENT MUST SIGN

Date

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
CEO	Margaret Graham-Meighan	10487 West Tara Blvd Boynton Bch, FL 33437	Boynton Bch, FL 33437
COO	Kevin Meighan	10487 West Tara Blvd	Boynton Bch, FL 33437

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:

Margaret Graham-Meighan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-2004

Date

561-436-1172

Daytime Phone #