PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

[redacted]

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

FILED
02 NOV 13 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000044777

1. Corporation Name

KEVCO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
28 OAK LOOP OCALA FL 34472	28 OAK LOOP OCALA FL 34472

2002 4BR

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/01/2001 Accepted

5. FEI Number: 59-3716792 ☒ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ROBERTS, KEVIN	28 OAK LOOP	OCALA FL 34472

800008972588
11/13/02--01069--017 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ROBERTS, KEVIN 28 OAK LOOP OCALA FL 34472	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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: K SIGNATURE REQUIRED Date: 11-8-02

REGISTERED AGENT MUST SIGN

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: K SIGNATURE REQUIRED Kevin Roberts 11-8-02 352-362-3560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11-8-02

To Whom it may concern:

Recently I received a notice regarding the revocation of my S-Corp. This is my First year filing & I honestly dont recall ever receiving any notices prior to this document. If I did then it was only by accident that it wasn't taken care of. I would like to reinstate my corporation and hope that I have conveyed my sincerity in this matter. I can be reached @ 352-362-3560 if their are any questions.

Corp. Name: Keuco Enterprises Inc
Document Number: P01000044777

Thank You,
Kwen Kolb
President