

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN-27 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000045232**

1. Corporation Name

Ken Kittrell inc.

2. Principal Office Address

1233 Erik ct.

Suite, Apt. #, etc.

3. Mailing Office Address

1233 Erik ct.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/01

5. FEI Number

59-3755092

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

Kenneth Kittrell

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

1233 Erik ct.

Suite, Apt. #, Etc.

500027635195

01/27/04-01007-013 **\$00.00

City

Altamonte Springs

State

FL

Zip Code

32714

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

Kenneth A Kittrell
REGISTERED AGENT MUST SIGN

Date

1/14/04

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
Pres	Kenneth A Kittrell	1233 Erik ct.	Altamonte Springs FL
V.P.			32714
Sec.			

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

Kenneth A Kittrell

Date

1/14/04

Daytime Phone #

(407) 257-8596

CR2E081 (10/02)