

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000046187

1. Corporation Name

Kiernan Loving & Associates, Inc

2. Principal Office Address - No P.O. Box #

4619 Harbour North Ct

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32225

Country

Duval

3. Mailing Office Address

4619 Harbour North Ct.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32225

Country

Duval

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/2001

5. FEI Number
593741887

☐ 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

Suzanne K. Loving

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

4619 Harbour North Court

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32225

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

Date 06/30/2010

(REGISTERED AGENT MUST SIGN)

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
D	Loving, Suzanne	4619 Harbour North Ct	Jacksonville, FL 32225
D	Loving, Francis L.	4619 Harbour North Ct.	Jacksonville, FL 32225
D	Kiernan, James	4619 Harbour North Ct.	Jacksonville, FL 32225
D	Spengler, Sean M.	210 2nd St.	Neptune Beach, FL 32266

10. E-mail Address: suzieloving@aol.com

(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. 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. 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/30/2010

Date

904-333-6804

Daytime Phone #

10 JUL -1 PM 12:04

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07/01/10--01036--004 **1050.00

REINSTATEMENT

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7/6/20