

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 11 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000060660

1. Corporation Name

Kenzie Investments, Inc.  
Document No. P01000060660

800030251058  
03/11/04--01004--005 \*\*900.00

2. Principal Office Address

100 Laguna Lakes Dr.

Suite, Apt. #, etc.

Unit G-5

City & State

Jax Beach, FL

Zip

32250

Country

U.S.A.

3. Mailing Office Address

100 Laguna Lakes Dr.

Suite, Apt. #, etc.

Unit G-5

City & State

Jax Beach, FL

Zip

32250

Country

U.S.A.

**REINSTATEMENT**

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

6/18/2001

5. FEI Number

593732472

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

Gary K. Merriam

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

100 Laguna Lakes Drive

Suite, Apt. #, Etc.

Unit G-5

City

Jax Beach, FL

State

FL

Zip Code

32250

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

Gary K. Merriam

Date March 8, 2004

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
P/D	Gary K. Merriam	100 Laguna Lakes Drive Unit G-5	Jax Beach, FL 32250

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:

Gary K. Merriam

3/8/04

(904) 568-6656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)

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