

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -8 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1 0000 98299

1. Corporation Name

GORDON & Kenney Properties,
Inc.

2. Principal Office Address

1255 S. Fla. Av.

Suite, Apt. #, etc.

F

City & State

Rockledge FL

Zip

32955

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

F

City & State

Rockledge, FL

Zip

32955

Country

USA

800026469768
01/08/04--01013--019 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3748185

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

John W. GORDON

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

1255 S. Florida Av.

Suite, Apt. #, Etc.

F

City

Rockledge

State

FL

Zip Code

32955

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-15-03

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	John W. GORDON	1255 S Fla Av.	Rockledge, FL
VP	Bush Kenney	"	"
Secy	Deborah GORDON	"	"

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/03

Daytime Phone #

403-4992
(321)

CR2E081 (10/02)

Please be advised, we
did not get package for
reinstatement for corporation.
We called in for reinstatement
package.

Enclosed is info. for reinstatement
plus \$150.00 fee.

Debby Gordon