

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 10 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

#P02000015417

SCOTT KENNY, INC.

2. Principal Office Address

2571 THE OAKS BOULEVARD

3. Mailing Office Address

2571 THE OAKS BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FLORIDA

City & State

KISSIMMEE, FLORIDA

Zip

34746

Country

U.S.A.

Zip

34746

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

2/6/2002

5. FEI Number

010585806

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

LOUIS SCOTT KENNY

Street Address (P.O. Box Number is Not Acceptable)
2571 THE OAKS BOULEVARD

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34746

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

L. Scott Kenny

REGISTERED AGENT MUST SIGN

Date *5-1-05*

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 | L. SCOTT KENNY | 2571 THE OAKS BOULEVARD | KISSIMMEE, FLORIDA 34746 |
| VP | CAROL PURVIS | 2571 THE OAKS BOULEVARD | KISSIMMEE, FLORIDA 34746 |
| TRES | L. SCOTT KENNY | 2571 THE OAKS BOULEVARD | KISSIMMEE, FLORIDA 34746 |
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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:

L. Scott Kenny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-1-05

Daytime Phone #

813 376 9870

04-05

REINSTATEMENT

CR2E081 (01/05)

5/1/05