

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 12:39

150
2/13/03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000026652

1. Corporation Name

KERSEY MANAGEMENT COMPANY

Principal Place of Business

4523-6TH AVENUE NORTH
ST. PETERSBURG FL 33713

Mailing Address

4523-6TH AVENUE NORTH
ST. PETERSBURG FL 33713

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/2002

5. FEI Number

41-2033320

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

1

2

3

4

D

KERSEY, BRIAN C

4523-6TH AVENUE NORTH

ST. PETERSBURG FL 33713

200023986992
10/21/03--01141--020 **150.00

8. Name and Address of Current Registered Agent

SCHULER, TIMOTHY C
9075 SEMINOLE BLVD.
SEMINOLE FL 33772

9. Name and Address of New Registered Agent

Name

DAVID C HASTINGS CPA

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

2207 54TH ST S

Suite, Apt. #, Etc.

City

GULFPORT

State

FL

Zip Code

33707

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/15/03

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-15-03

Daytime Phone #

CR2E040 (7/03)

KERSEY MANAGEMENT CO
4523 6th AVE N
ST PETERSBURG, FL 33713

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
REINSTATEMENT SECTION
TALLAHASSEE, FL 32314

16-Oct-03

TO WHOM IT MAY CONCERN:

I HAVE ATTACHED THE APPLICATION FOR REINSTATEMENT FOR KERSEY MANAGEMENT COMPANY AND A CHECK IN THE AMOUNT OF \$150. I DID NOT RECEIVE THE ANNUAL REPORT. I ASSUME IT WENT TO THE LISTED REGISTERED AGENT WHO I AM UNABLE TO LOCATE. I HAVE APPOINTED A NEW REGISTERED AGENT WHO IS MY CPA.

I APPOLIGIZE FOR NOT FILING THE REPORT ON A TIMELY BASIS AND REQUEST THAT YOU REINSTATE MY CORPORATION WITH MY PAYMENT OF THE \$150.

SINCERELY,

A handwritten signature in black ink, appearing to read "B. C. Kersey", with a long horizontal stroke extending to the right.

BRIAN KERSEY, PRESIDENT