

PLEASE READ ALL INSTRUCTIONS BEFORE COMPI

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAR 17 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000029363

1. Corporation Name

Kenny-Austins Inc.

2. Principal Office Address

4640 Palladin St #29

Suite, Apt. #, etc.

#29

City & State

West Palm Beach

Zip

33417 Palm Beach

Country

3. Mailing Office Address

4640 Palladin St #29

Suite, Apt. #, etc.

#29

City & State

West Palm Beach

Zip

33417 Palm Beach

Country

REINSTATEMENT 03-05
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

3-11-2002

5. FEI Number 74-3039032

✓ Applied For

P02000029363

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

Kim Boutilier

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

4640 Palladin St.

Suite, Apt. #, Etc.

#29

City

West Palm Beach

400049338304

03/29/05--01013--024 **1058.75

State

FL

Zip Code

33417

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

Kim M. Boutilier

REGISTERED AGENT MUST SIGN

Date 3-15-05

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
Secretary	Kim M. Boutilier	4640 Palladin St. #29	W. Palm Bch, FL 33417
Director	Kenneth J. Boutilier	4640 Palladin St. #29	W. Palm Bch, FL 33417

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:

Kim M. Boutilier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-15-05 501-686-1113
Daytime Phone #

CR2E081 (01/05)