

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -7 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000037180

**1. Corporation Name**

KENT ENGINEERING, INC.

**2. Principal Office Address**

12765 Forest Hill Blvd

Suite, Apt. #, etc.

Suite 1302

City & State

Wellington, FL

Zip

33414

Country

USA

**3. Mailing Office Address**

Mario G. de Mendoza, III, PA

Suite, Apt. #, etc.

12765 Forest Hill Blvd #1302

City & State

Wellington, FL

Zip

33414

Country

USA

**REINSTATEMENT** 03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/05/2002

**5. FEI Number**

☒ 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

MARIO G. DE MENDOZA, III, P.A.

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

12765 FOREST HILL BLVD

Suite, Apt. #, Etc.

SUITE 1302

City

WELLINGTON

State  
**FL**

Zip Code  
**33414**

**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

*Mario G. de Mendoza III*  
REGISTERED AGENT MUST SIGN

Date

11/4/03

**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
DPST	CHARLES D. DASHWOOD	13735 DOUBLETREE TRAIL	WELLINGTON, FL 33414

300024506143  
11/07/03--01033--012 \*\*750.00

**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:

*Charles D. Dashwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles D. Dashwood, Pres.

11/4/03

Date

(561) 433-2197

Daytime Phone #

CR2E081 (10/02)