

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -1 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

The Kennedy Alliance Corporation
PD2000039705

2. Principal Office Address

14382 Commerce Wy.
Suite, Apt. #, etc.

3. Mailing Office Address

14382 Commerce Wy.
Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip Country

33016 USA

City & State

Miami Lakes, FL

Zip Country

33016 USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/02

5. FEI Number

Applied For

☒ 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

Christopher Kennedy

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

14382 Commerce Wy.

Suite, Apt. #, Etc.

City

Miami Lakes, FL

State

FL

Zip Code

33016

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

Date 3-26-04

REGISTERED AGENT MUST SIGN

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
Pres	Christopher Kennedy	14382 Commerce Wy.	Miami Lakes, FL 33016

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Kennedy

Date

3-26-04

Daytime Phone #

954-829-4330

CP2E081 (01/04)