

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -6 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000078821

1. Corporation Name

KENDALL PAIGE ENTERPRISES, INC.

2. Principal Office Address

1022 W. STATE ROAD 436

Suite, Apt. #, etc.

3. Mailing Office Address

1022 W. STATE ROAD 436

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

USA

Zip

32714

Country

USA

**REINSTATEMENT** 03

000024180250

11/06/03--01042--010 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

07/19/2002

5. FEI Number

Appl  
 Not

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional F  
for a Certificate

7. Name and Address of Current Registered Agent

Name

JAMES P. DEANE

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

1022 W. STATE ROAD 436

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State  
FL

Zip Code  
32714

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

*James P. Deane*

REGISTERED AGENT MUST SIGN

Date 10/27/2003

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
PSD	DEANE, JAMES P.	1022 W. State Road 436	Altamonte Springs, FL 32714

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 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 is 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*James P. Deane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James P. Deane, Pres.

10/27/2003

Date

Daytime Phone #

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