

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV -4 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000041707

1. Corporation Name

Kevson Financial Management, Inc.

12995 S. Cleveland Avenue

2. Principal Office Address

12995 S. Cleveland Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

PBS No. 55

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Zip

33907

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 04/12/03

5. FEI Number

51-0461473

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

Nancy M. Johnson

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

4125 Pine Road

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33908

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

*Nancy Johnson*

Date

11-1-04

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
D	Kevin W. Johnson	12995 S. Cleveland Avenue PBS No. 55	Fort Myers, FL 33907

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11/05/04--01046--001 \*\*750.00

REINSTATEMENT 04

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:

*Kevin W. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/04

Date

239-275-8280

Daytime Phone #