

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV 18 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000068259

1. Corporation Name

CETRONE CONSULTANTS, INC.

2. Principal Office Address - No P.O. Box #

920 THIRD AVE

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL

Zip

32169

Country

USA

3. Mailing Office Address

920 THIRD AVENUE

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL

Zip

32169

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 06-18-2003

5. FEI Number

30-0186204

☐ 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

CETRONE, KENDRA S.

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

920 THIRD AVENUE

Suite, Apt. #, Etc.

City

NEW SMYRNA BEACH

State

FL

Zip Code

32169

500214467815
11/18/11--01045--002 **750.00

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

Kendra Cetrone

REGISTERED AGENT MUST SIGN

Date

11/10/2011

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
P/D	CETRONE, KENDRA S.	920 THIRD AVENUE	NEW SMYRNA BEACH, FL 32169

10. E-mail Address: PAULK@KGIRESORTS.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Kendra Cetrone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/2011

Daytime Phone #