

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2006 JUN 20 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO 3000151061  
1. Corporation Name  
Ken Oliver Enterprises Inc.

2. Principal Office Address  
311 Woodland Dr

3. Mailing Office Address  
311 Woodland Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Eustis FL

City & State  
Eustis FL

Zip 32726 Country USA

Zip 32726 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida 12-8-03

5. FEI Number  
75-3139803

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 Kenneth M. Oliver

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

Suite, Apt. #, Etc.

City Eustis

State FL Zip Code 32726

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 Kenneth M. Oliver  
REGISTERED AGENT MUST SIGN

Date 5-30-06

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
<u>P</u>	<u>Kenneth M. Oliver</u>	<u>311 Woodland Dr Eustis FL 32726</u>	<u>Eustis FL 32726</u>

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 contained in Chapter 119, 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: Kenneth M. Oliver Kenneth M. Oliver 5-30-06 352-357-1932  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #