

**CORPORATION
REINSTATEMENT**



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

HAROLD KIRKSEY Enterprises
W07-59507

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

3. Mailing Office Address

CR2E081 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2511 W Swann Ave, St 103

City & State _____

City & State

Tampa FL

Zip _____

Country
USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

HAROLD KIRKSEY

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

2511 Swann Ave, Ste 103

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

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

REGISTERED AGENT MUST SIGN

Date 12/20/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	HAROLD KIRKSEY	695 Arbor Lake Lane	Tampa FL 33602
			100112893281 12/06/07--01011--018 **500.00
			8/2/05 90032 003 550.00
			REINSTATEMENT 2005-07

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #