PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

THE STA	7 FILED
CORPORATION FLORIDA DEPARTMENT OF STATE	
REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS	2007 DEC 26 AM 10: 31
DOCUMENT # PO3 000152776  1. Corporation Name	SECRETARY OF STATE TALLAHASSEE. FLORIDA
HAROLD KIRKSEY Enterprises	
MAROLD MIRRSEY 121101	
N07-59507	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address	
Suite, Apt. #, etc.	CR2E081 (1/07)
2511 W Swan Ave, Sto 103	4. Date Incorporated or Qualified To Do Business in Florida
City & State City & State	To Do Business in Florida
Zip Country Zip Country	70-0508677 Not Applicable
3369 USA Zip Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	<u> </u>
Name HAROLD KIRKSEV	The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable)  P 2511 Swann Ave, Ste 103	the prior notices. By checking this box, you
Suite, Apt. #, Etc.	are certifying the prior notices were not received and requesting the reinstatement
City State Zip Code	fee be waived.
Tompa FL 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	Date 12/20/07
REGISTERED AGENT MUST SIGN  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Ea	ich City / State / Zip
Officers and/or Directors Officer and/or Directors	(0)
Pres. HAROLD KIRKSEY 675 Arbor las	te lane Tompa FZ 33602
	100112893281
	12/06/0701011018 **500.00
	8/2/05 90032 003 550.00
DEINIG	TATEMENT
I L L I I V	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 filling 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 it made under oath.  SIGNATURE:	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	