

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 31 PM 1:58

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000037050

1. Corporation Name

KENNEDY Interprise Inc

300087202423
02/05/07--01003--008 **8.75

REINSTATEMENT 05-07
CR2E081 (1/07)

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

5502 Riordan way

Suite, Apt. #, etc.

3. Mailing Office Address

5502 Riordan way

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32808

Country

US

Zip

32808

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

03-2004

5. FEI Number

421619666

☒ 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

NEEDUAN KENNEDY

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

5502 Riordan

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

300087202423
02/05/07--01003--009 **600.00

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

Neegan Kennedy
REGISTERED AGENT MUST SIGN

Date 01-24-07

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	Anthony Kennedy	5502 Riordan way	Orlando, FL 32808
V	Neegan Kennedy	5502 Riordan way	Orlando, FL 32808
etc	Omar Waltson	1318 Queens way	Orlando, FL 32808

300087202423
02/05/07--01003--010 **183.75

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:

Omar Waltson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-07

Date

(407) 822-0546

Daytime Phone #