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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
INFORMATION

08 MAR 20 AM 11:42

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000103595

1. Corporation Name

KEVIN GARRARD INC

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

510 81ST AVE N

3. Mailing Office Address

510 81ST AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33702

Country

USA

Zip

33702

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida:

7/13/04

5. FEI Number

41-2143701

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

DAVID C HASTINGS CPA

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

2207 54TH ST S

Suite, Apt. #, Etc.

City

GULFPORT

State

FL

Zip Code

33707

☒ 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.

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 3/19/08

REGISTERED AGENT MUST SIGN

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
PST	KEVIN GARRARD	510 81ST AVE N	ST PETERSBURG FL 33702

REINSTATEMENT 06-08

B 3/21/08

10. I certify that I am an officer or director of 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

3/20/08

Daytime Phone #

H080000724513

03/20/2008 THU 15:33 FAX 727 322+0520

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

CORPORATION REINSTATEMENT

KEVIN GABBARD, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

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Corporate Filing Menu

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