

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 DEC -8 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000153781

1. Corporation Name

Randy Kyllonen & Son's Inc

2. Principal Office Address

7355 Hardaway Hwy  
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Chattahoochee FL

City & State

Zip Country

32324 gadsden

4. Date Incorporated or Qualified  
To Do Business in Florida

11-10-2004

5. FEI Number

342023164

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 Johnette Kyllonen

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

7355 Hardaway Hwy

Suite, Apt. #, Etc.

City Chattahoochee

State

FL

Zip Code

32324

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

Johnette Kyllonen

Date 12-7-06

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
P	Randy Kyllonen	7355 Hardaway Hwy	Chattahoochee FL 32324
VP	Johnette Kyllonen	7355 Hardaway Hwy	Chattahoochee FL 32324
			600082465675 12/12/06--01017--013 **308.75
			<u>12/18</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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johnette Kyllonen

Date

12-7-06

Daytime Phone #

800 508-7673