

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL -1 AM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000167390

1. Corporation Name

Kingdon Development #2, Inc.

500158059355
07/01/09--01040--007 **1358.75

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
24348 W. Caribbean Dr.

3. Mailing Office Address
17 Kingfisher Lane

Suite, Apt. #, etc.

City & State
Summerland Key, FL

City & State
Key West, FL

Zip
33042

Country
USA

Zip
33040

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
Dec. 13, 2004

5. FEI Number
20-2255642

☐ 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
Kenneth R. Kingdon

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

Suite, Apt. #, Etc.

City
Key West

State
FL

Zip Code
33040

☐ 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 Kenneth R. Kingdon
REGISTERED AGENT MUST SIGN

Date 6/30/09

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
Pres.	Kenneth R. Kingdon	2110 E. 1730 North Rd.	Watseka, IL 60970
Sec.	Robert L. Kingdon	607 E. Porter Ave.	Watseka, IL 60970
Treas.	Robert L. Kingdon	607 E. Porter Ave.	Watseka, IL 60970
Dir.	Kenneth R. Kingdon	2110 E. 1730 North Rd.	Watseka, IL 60970
Dir.	Robert L. Kingdon	607 E. Porter Ave.	Watseka, IL 60970

REINSTATEMENT

RH

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: Robert L. Kingdon **Robert L. Kingdon** **6/30/09** **815-432-5448**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #