

A1A CORPORATE SERVICES

Page 102

1107000210871 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 AUG 22 PM 3: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	07 AUG 22 PM 3:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P04000172515 1. Corporation Name MIKE KENNY INC.			
2. Principal Office Address - No P.O. Box # 10645 WHEELHOUSE COURT Suite, Apt. #, etc.		3. Mailing Office Address 10645 WHEELHOUSE COURT Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33428	Country USA	Zip 33428	Country USA
7. Name and Address of Current Registered Agent Name MICHAEL KENNY Street Address (P.O. Box Number is Not Acceptable) 10645 WHEELHOUSE COURT Suite, Apt. #, Etc. City BOCA RATON State FL Zip 33428			
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 08/21/2007 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MICHAEL KENNY	10645 WHEELHOUSE COURT	BOCA RATON, FL 33428
REINSTATEMENT 05-07			
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 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: 		08/21/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		954-691-5007	

1107000210871 3

Aug 22 2007 9:14AM

AIR CORPORATE SERVICES

15614559885

Page 2 of 3

107000210841 3

DATE: 08/21/2007

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

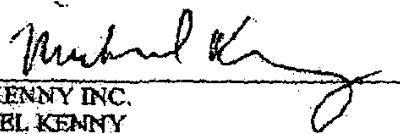
FROM: MIKE KENNY INC.
MICHAEL KENNY

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2005, 2006
and 2007.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTU.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 954-691-5007

THANKS,


MIKE KENNY INC.
MICHAEL KENNY

107000210841 3

Aug 22 2007 9:14AM

A1A CORPORATE SERVICES

15614559885

Division of Corporations

Page 2 of 3
P. 1
<https://efile.sunbiz.org/scripts/efilcovr.exe>

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000210871 3)))



H070002108713ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

CORPORATION REINSTATEMENT

MIKE KENNY INC.

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

450.00

Electronic Filing Menu

Corporate Filing Menu

Help