

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

07 NOV 30 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000005364

1. Corporation Name

KENT'S KAKES, INC.

12-3-07

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

13640 N MIAMI AVE

Suite, Apt. #, etc.

3. Mailing Office Address

13640 N MIAMI AVE

Suite, Apt. #, etc.

City & State

N. MIAMI, FL

City & State

N. MIAMI, FL

Zip

33168

Country

USA

Zip

33168

Country

USA

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2005

5. FEI Number

26-1225736

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

KENSWORTH HARRIS

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

13640 N MIAMI AVE

Suite, Apt. #, Etc.

City

N. MIAMI

State

FL

Zip Code

33168

☒ 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

Kensworth Harris

Date

11/27/07

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 | KENSWORTH HARRIS | 13640 N MIAMI AVE | N. MIAMI FL 33168 |
| VP | TENNYSON HARRIS | 13640 N MIAMI AVE | N. MIAMI FL 33168 |
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11/30/07--01049--010 **300.00

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: *X* *Kensworth Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/07 (954) 763-4214

Daytime Phone #