

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000045915

**1. Corporation Name**

Kevin Stephenson, Inc.

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

4231 Rocky Ridge Place

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip

32773

Country

USA

**3. Mailing Office Address**

4231 Rocky Ridge Place

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip

32773

Country

USA

**REINSTATEMENT**

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

3/4/05

**5. FEI Number**

55-0891619

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

Kevin Stephenson

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

4231 Rocky Ridge Place

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32773



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

*[Signature]*

Date

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	Kevin Stephenson	4231 Rocky Ridge Place	Sanford, FL 32773

**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

*[Signature]* 10-3-07

Date

Daytime Phone #

2/2

JOHN L. BRADSHAW, P.A., C.P.A.

901 Douglas Avenue, Suite 101  
Altamonte Springs, Fl 32714  
(407) 774-4446

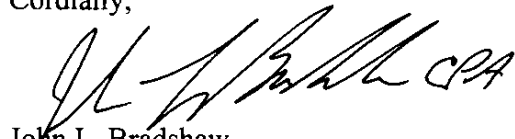
October 11, 2007

Florida Dept of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Fl 32301

Dear Sirs:

My client failed to file his annual report for 2006 and 2007 due to moving and not receiving notice. Enclosed is his updated report with a check for \$300.00. Your waiver of the reinstatement fees is greatly appreciated.

Cordially,



John L. Bradshaw,  
Certified Public Accountant