

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 NOV 21 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000053142

1. Corporation Name

KIENLE ENTERPRISES, INC.

300112600043
11/27/07--01023--008 **150.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
750 North Atlantic Avenue

3. Mailing Office Address
750 North Atlantic Avenue

Suite, Apt. #, etc.
Suite 805

Suite, Apt. #, etc.
Suite 805

City & State
Cocoa Beach, Florida

City & State
Cocoa Beach, Florida

Zip
32931

Country

Zip
32931

Country

4. Date Incorporated or Qualified
To Do Business in Florida 04/28/2005

5. FEI Number 56-2509922

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
Richard J. Kienle

Street Address (P.O. Box Number is Not Acceptable)
750 North Atlantic Avenue

Suite, Apt. #, Etc.
Suite 805

City
Cocoa Beach

State
FL

Zip Code
32931

☒ 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 By: Richard J. Kienle
Richard J. Kienle

REGISTERED AGENT MUST SIGN

Date 11-15-07

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
PVSTD	Kienle, Richard	750 North Atlantic Avenue, Suite 805	Cocoa Beach, Florida 32931

REINSTATEMENT

2007

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

Date

Daytime Phone #

SPIEGEL & UTRERA, P.A. <small>(Requestor's Name)</small>	RECEIVED 07 NOV 21 AM 10:30 <small>DEPT. OF REVENUE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA</small>
1840 SOUTHWEST 22 STREET, 4TH FLOOR	
MIAMI, FL 33145 - (305) 854-6000	
CORPORATION NAME(S) & DOCUMENT NUMBER(S) <small>(if known):</small>	OFFICE USE ONLY

1.	KIENLE ENTERPRISES, INC. <small>(Corporation Name)</small>	P05000053142 <small>(Document #)</small>
2.	 <small>(Corporation Name)</small>	 <small>(Document #)</small>
3.	 <small>(Corporation Name)</small>	 <small>(Document #)</small>
4.	 <small>(Corporation Name)</small>	 <small>(Document #)</small>

☒ Walk-In
 ☐ Pick up time _____
 ☐ Certified Copy
☐ Mail out
 ☐ Will wait
 ☐ Photocopy
 ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
✓	Reinstatement
	Trademark
	Other

Examiner's Initials	
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