

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:

Richard Kienle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-07
Date

Daytime Phone #

SPIEGEL & UTRERA, P.A.

(Requestor's Name)

1840 SOUTHWEST 22 STREET, 4TH FLOOR

MIAMI, FL 33145 - (305) 854-6000

RECEIVED

07 NOV 21 AM 10:30

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S)
(if known):

OFFICE USE ONLY

- | | | |
|----|--|------------------------------|
| 1. | KIENLE ENTERPRISES, INC.
(Corporation Name) | P05000053142
(Document #) |
| 2. |
(Corporation Name) |
(Document #) |
| 3. |
(Corporation Name) |
(Document #) |
| 4. |
(Corporation Name) |
(Document #) |

Walk-In Pick up time _____ Certified Copy

Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials