

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD5000078440

1. Corporation Name

T. Kenney, Inc.

WI-28575

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

3328 Tarragon St.

Suite, Apt. #, etc.

City & State

Cocoa, FL

Zip

32926

Country

USA

3. Mailing Office Address

3328 Tarragon St.

Suite, Apt. #, etc.

City & State

Cocoa, FL

Zip

32926

Country

USA

7. Name and Address of Current Registered Agent

Name

Todd E. Kenney

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

3328 Tarragon St.

Suite, Apt. #, etc.

City

Cocoa

State

FL

Zip Code

32926

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

REGISTERED AGENT MUST SIGN

Date

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	Todd E. Kenney	3328 Tarragon St.	Cocoa, FL 32926

10. E-mail Address: TKenney1@cfl.rr.com

(To be used for future annual report notification)

11. 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, I further certify, 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:

Todd E. Kenney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-19-10

Daytime Phone #

321 288-7221

10 JUL -6 AM 11:20

REINSTATEMENT 08-10

600182063386
06/14/10--01061--010 ***450.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

4/25/2005

5. FEI Number

06-1745288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

X 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.

600182063386
07/06/10--01068--010 ***500.00

7/18/10