

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL 24 PM 4:49

DOCUMENT # P05000118706

1. Entity Name  
KIPPY & ASSOCIATES, INC.



Principal Place of Business  
5100 POLK STREET  
HOLLYWOOD, FL 33021

Mailing Address  
5100 POLK STREET  
HOLLYWOOD, FL 33021

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
P.O. Box 16994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
PLANTATION, FL

Zip

Country

Zip

Country

33318

USA

4. FEI Number  
20-3528126

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SENTO, KRISTIE L  
5100 POLK STREET  
HOLLYWOOD, FL 33021

Name  
KRISTIE L SENTO

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

P.O. Box 16994  
380 Holloway Drive

City  
PLANTATION

FL

Zip Code

33318

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X. Kristie L Sento*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/16/08

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
SENTO, KRISTIE L  
5100 POLK STREET  
HOLLYWOOD, FL 33021 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
SENTO, KRISTIE L.  
P.O. Box 16994  
PLANTATION, FL 33318 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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CITY - ST - ZIP  
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CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*X. Kristie L Sento*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/08

Date

(954) 448-9055  
Daytime Phone #