

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 JAN -3 AM 11:43

DOCUMENT # P0800011244

1. Corporation Name

KENTS mobile RV Generator Service

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

5997 Francine Dr

Suite, Apt. #, etc.

3. Mailing Office Address

5997 Francine Dr.

Suite, Apt. #, etc.

City & State

Maxville FL

City & State

Maxville FL

Zip

32234

Country

US

Zip

32234

Country

US

**REINSTATEMENT**

2011

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/29/2008

5. FEI Number

320280698

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

Debra L. Kent

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

5997 Francine Dr.

Suite, Apt. #, Etc.

City

Maxville

State

FL

Zip Code

32234

900215823349  
01/03/12--01042--015 \*\*150.00

900215823349  
01/03/12--01042--014 \*\*608.75

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

Debra L. Kent

Date 12-31-11

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	Debra L. Kent	5997 Francine Dr	Maxville, FL 32234
VP	Jeffery C. Kent	5997 Francine Dr	Maxville, FL 32234

10. E-mail Address: d-kent@bellsouth.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Debra L. Kent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-11 9045093548

Date

Daytime Phone #