

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **APPROVED** **AND FILED** *pg 1 of 2*

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997 MAY 19 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P13009**

1. Corporation Name **KIRKQUIN ENTERPRISES INC.**

Principal Place of Business **PAIM Harbor, FL. 31027 US Hwy 19 N**
Mailing Address **PAIM Harbor, FL. 34684**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable **SAME**
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable **SAME**
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business In Florida **OCT. 1986**
5. FEI Number **592741513**
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Hampden D. Mephram	31027 US Hwy 19 N	Palm Harbor, FL. 34684
Sec/Treas	JO Q Mephram	31027 US Hwy 19 N	Palm Harbor, FL. 34684

8. Name and Address of Current Registered Agent

Hampden D. Mephram
3607 FAIRWAY FOREST DR.
PALM HARBOR, FL. 34685

9. Name and Address of New Registered Agent

Name **Same**
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Hampden Mephram**
REGISTERED AGENT MUST SIGN

Date **5-15-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: **Hampden Mephram** **Hampden D. Mephram** **813-785-4217**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
5-15-97

CR20040 (12/96)



**HEAVENLY
HAM®**

5-15-97

★ In accordance with our conversation
★ Please find enclosed ck. For 1,410.⁰⁰
AND OUR RE-INSTATEMENT FORM.

Sincerely,

Jo Mephum

★ NOTE:

★ The STATEMENTS were Being
SENT TO THE wrong Address.