

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 17 PM 1:20

SECRET
TALLAHASSEE, FL

DOCUMENT # P35403

1. Corporation Name

W. A. Kendall and Company, Inc.

2. Principal Office Address

P.O. Box 831

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 831

Suite, Apt. #, etc.

City & State

Lawrenceville GA

Zip

30046

Country

USA

City & State

Lawrenceville GA

Zip

30046

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-30-91 Qualified

5. FEI Number

58-1083960

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

CT Corporation Systems

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Joan Bolden

JOAN BOLDEN

Date 6/14/05

REGISTERED AGENT MUST SIGN ASSISTANT SECRETARY

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
Pres	Warren A. Kendall	400 Farmer Court	Lawrenceville GA 30045
VP	Robert G. Williams	400 Farmer Court	Lawrenceville GA 30045
Sec/ Treas	Rebecca S. Kendall	400 Farmer Court	Lawrenceville GA 30045

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 under section 119.07(3)(l), 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

Warren A. Kendall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren A. Kendall

Date

6-13-05

Daytime Phone #

770-963-6017

CR2E081 (01/05)