

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P37177**

1. Corporation Name

KENNER KENTUCKY FRIED CHICKEN, INC.

Principal Place of Business

94 NW READY AVE
SUITE B-1
FT WALTON BEACH FL 32548
US

Mailing Address

94 NW READY AVE
SUITE B-1
FT WALTON BEACH FL 32548
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1992

5. FEI Number

72-0895373

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSCD	PANKRATZ, MARILYNN	9 IMPERIAL WOODS DRIVE	HARAHAN LA 70123
TD	LINDSEY, GAIL	9 IMPERIAL WOODS DRIVE	HARAHAN LA 70123
V	PANKRATZ, JOHN	94 NW READY AVE STE STE B-1	FORT WALTON BEACH FL 32548

300023983183
10/21/03--01127--003 **750.00

8. Name and Address of Current Registered Agent

PANKRATZ, JOHN
500 MARY ESTHER CUT OFF
FORT WALTON BEACH FL 32548

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

John Pankratz
REGISTERED AGENT MUST SIGN

Date **10-15-03**

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 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:

John Pankratz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-15-03**

Date

Daytime Phone #

CR2E040 (7/03)