

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 18 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030280

## 1. Corporation Name

Kevin Whitaker, Inc.

## 2. Principal Office Address

1945 Michigan Avenue

Suite, Apt. #, etc.

N/A

City &amp; State

Englewood, FL

Zip

34224

Country

USA

## 3. Mailing Office Address

1945 Michigan Avenue

Suite, Apt. #, etc.

N/A

City &amp; State

Englewood, FL

Zip

34224

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/22/93

## 5. FEI Number

650408052

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

Lori Wellbaum Wolff

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

686 N. Indiana Avenue

Suite, Apt. #, Etc.

Suite A

City

Englewood

State

FL

Zip Code

34223

## 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

REGISTERED AGENT MUST SIGN

Date 12/17/02

## 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/ Sec	Beverly Kirk	2897 Oakwood Drive	Cuyahoga Falls, OH 44221

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-02

Date

330-668-7314

Daytime Phone #