

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV 30 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000084180

1. Corporation Name

KERRY GEMS INC.

Principal Place of Business

9924  
9924 S HIGHWAY 441  
LEESBURG FL 34788

Mailing Address

9924  
9924 S HIGHWAY 441  
LEESBURG FL 34788

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/03/1993

5. FEI Number

59-3216399

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	City / State / Zip
P	MURPHY, MICHAEL	9924 S HIGHWAY 441 9924	LEESBURG FL 34788

100003085111-0  
-12/09/99-01038-019  
\*\*\*150.00 \*\*\*150.00

LS

8. Name and Address of Current Registered Agent

MURPHY, MICHAEL  
9924 S HIGHWAY 441  
LEESBURG FL 34788

9. Name and Address of New Registered Agent

Name

Michael Murphy

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

420 Nth Clayton St.

Suite, Apt. #, Etc.

City

Mount Dora

State

FL

Zip Code

32757

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

REGISTERED AGENT MUST SIGN

Date 10-19-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-19-99

Daytime Phone #

**Kerry Gems, Inc.**

9924 Highway 441  
Leesburg, Florida 34788  
Phone (352) 787-3434

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October 19, 1999

Florida Department of State  
Katherine Harris, Secretary of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, Florida 32314-6327

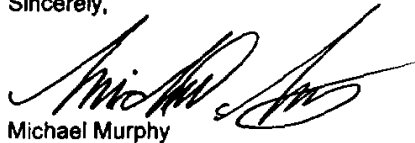
RE: Document # P93000084180  
Reinstatement of Profit Corporation

To Whom It May Concern:

This is in reference to the Notice of Administrative Dissolution or Revocation sent to us. The Notice was sent to the wrong address, therefore, we did not receive this form until Monday, October 18, 1999. We would have paid by the deadline had there not been confusion about our address. We sincerely apologize for the lateness of this check.

We hope that the delay has not caused any inconvenience.

Sincerely,



Michael Murphy

MM: lf