	PLEASE READ	ALL INST	RUCTIONS	BEFORE (	OMPLET			Į.
	PLICATION FOR ISTATEMENT		DEPARTMEN  Katherine Har  Secretary of St	r <b>ris</b> tate		APPROVE FILED	nn fagi I	
1. Corpora	UMENT # P9400 ation Name ETH L. GREENE CONT	00023	55	ATIONS	1	OI OCT 22 AM SECRETARY OF STALLAHASSEE, FLOO	9: 50 PATE RIDA	30,000 A S S S S S
Principal Place of Business 3505-2 S KINGS RD CALLAHAN FL 32011 US		Mailing Address 3505-2 S KINGS RD CALLAHAN FL 32011 US						
If above addresses are incorrect in any way, line thr  New Principal Office Address, If Applicable  Suite, Apt. #, etc.		3. New Mailing Office Address, If Applica Suite, Apt. #, etc.  Suite, Apt. #, etc.			4. Date incorporated or Qualified To Do Business in Florida 01/03/1994  5. FEI Number Applied For			The special of the state of the
City & State  Zip Country		City & State Country					Not Applicable 88.75 Additional Fee required for a Certificate of Status	Windship Mary Mary Market
Title(s) 2 and/or Directors 3			Stre Offi	eet Address of Each   City / State			State / Zip	
			3505-2 SOUTH K			CALLAHAN FL 32011  CALLAHAN FL 32011		
					7(	7000467. -11/08/01- ****150.00	29078, -01070002 ) ****150,00	, , , , , , , , , , , , , , , , , , ,
<del>-</del>	8. Name and Address of Current	Registered Age	nt		9. Name and A	Address of New Registere	d Agent	-
GREENE, KENNETH L 3505-2 SOUTH KINGS RD CALLAHAN FL 32011				Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  Zip Code				CR2E040 (8/01)
10. I, being Signature of Registered	Agent	<b>ORE</b>	ralion, am families wit	th and accept the of	oligations of Secti		8/01	\$ :
this rein	that I am an officer or director or the receinstatement application, the reason for dissay the corporation have been paid and the application is true and accurate, and my state of the corporation is true and accurate.	olution has been games of individu	eliminated, the corpor uals listed on this form	rate name satisfies n do not qualify for	the requirements an exemption und	of section 607.0401 or 617	.0401, F.S., that all fees	
SIGNAT	FURE: SIGNATURE AND TYPED OA PRI	INTED NAME OF S	IGNING OFFICER OR D	HRECTOR			Dayrime Phone #	

## Kenneth & Greene Contractor, Inc.

3505-2 South Kings Road Callahan, Florida 32011 Phone 904-879-2509 Fax 904-879-2628 KenGreeneContInc@aol.com

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Fl 32314-6327

## To Whom it may Concern:

Our company received a notice of administrative dissolution or revocation on October 15, 2001. After contacting our accountant and Florida Dept. of State we were advised that we needed to write a letter and send payment of \$150.00 to fix this problem. Our company has never received the paper work that was required to be filled out at any time this year, apparently we were suppose to fill out a Uniform Business Report and send it in, we did not receive any info on doing this or any response until 10-15-01 when we received this notice of dissolution or revocation. I would appreciate a notice when this problem is resolved.

Thank You

Kenneth L. Greene

Owner