## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED FLORIDA DEPARTMENT OF STATE CORPORATION Feb 21, 2003 8:00 A.M. Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS Secretary of State DOCUMENT # P94000075748 1. Corporation Name M. E. KENYON COMPANY 800013281058 02/28/03--01078--011 \*\*300.00 Mailing Office Address 2. Principal Office Address **5772 TIMUQUANA ROAD 5772 TIMUQUANA ROAD** Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified 10/10/1994 To Do Business in Florida City & State City & State 5. FEI Number Applied For JACKSONVILLE, FL JACKSONVILLE, FL 59-3273346 Not Applicable Zip Country \$8.75. Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED USA 32210 32210 USA 7. Name and Address of Current Registered Agent PATRICIA A. MICHAEL Street Address (P.O. Box Number is Not Acceptable) **5772 TIMUQUANA ROAD** Suite, Apt. #, Etc. Zip Code **JACKSONVILLE** 32210 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. February 19, 2003 Slonature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers and/or Directors City / State / Zip Titles Officer and/or Director JACKSONVILLE, FL 32210 **5772 TIMUQUANA ROAD** KENYON, MATTHEW E. DP JACKSONVILLE, FL 32210 VΡ 5772 TIMUQUANA ROAD CRABTREE, MICHAEL T. JACKSONVILLE, FL 32210 5772 TIMUQUANA ROAD ST MICHAEL, PATRICIA A. 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 filling 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. (904) 777-0833 2/19/2003 Patricia A. Michael SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Davtime Phone #

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DEVELOPERS

February 19, 2003

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Corporation Reinstatement Document # P94000075748

Dear Sirs.

It was brought to my attention today, by an outside business associate, that our corporation had been dissolved by the state for failure to file the corporate annual report per your online database. I immediately called the Division for Corporations and spoke with an examiner and explained the following.

I did not see, possess or touch the annual report renewal form or correspondence from the state concerning the report during the year 2002. I have checked with other associates located in our same building and they do not recall seeing any correspondence from your office. We are not currently very active with this corporation but have no desires to dissolve it and have been filing our renewal each year since its inception.

We hereby request that you grant us forgiveness for the reinstatement fee and the associated penalties and allow us to pay the filing fee of \$150.00 for last year (2002) and \$150.00 filing fee for 2003. I have enclosed a completed Corporation Reinstatement document and a check in the amount of \$300.00 in the hope you will grant this one time request. I assure you, I will personally be responsible to insure our renewal is filed timely each year.

If you cannot grant our request, please let me know.

Sincerely,

M. E. Kenyon Company

Patricia A. Michael

Corporate Secretary/Treasurer

**Enclosures**