

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 29 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000047131**

1. Corporation Name

KEVIN HARRINGTON ENTERPRISES, INC.

2. Principal Office Address

2701 N. ROCKY POINT DRIVE

Suite, Apt. #, etc.

SUITE 200

City & State

TAMPA, FL

Zip

33607

Country

3. Mailing Office Address

2701 N. ROCKY POINT DR.

Suite, Apt. #, etc.

SUITE 200

City & State

TAMPA, FL

Zip

33607

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1995

5. FEI Number

59-3321583

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

KEVIN HARRINGTON

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

2701 N. ROCKY POINT DRIVE

Suite, Apt. #, Etc.

SUITE 200

City

TAMPA

600023377196

09/29/03--01003--016 **1208.75

State

FL

Zip Code

33607

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 **9/25/2003**

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
P	KEVIN HARRINGTON	850 PINECLIFF POINT DR. S.	ST. PETERSBURG, FL 33705

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

9/25/2003

Date

813/282-1717

Daytime Phone #

CR2E081 (10/02)

71 9/30