PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JAN -5 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000059978

1. Corporation Name
KEN & DAVE Enterprises, Inc

Principal Place of Business
962 CR 457
LAKE PANASOFFKEE, FL 33538

Mailing Address
P.O. Box 523
LAKE PANASOFFKEE, FL 33538

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

REINSTATEMENT 96-97

4. Date Incorporated or Qualified To Do Business in Florida 8/2/95

5. FEI Number 59-3330342 | 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	David A. Skorup	962 CR 457 33538 LK PANASOFFKEE, FL	LAKE PANASOFFKEE, FL 33538
VP	Kenneth L. Craig	960 CR 457	LAKE PANASOFFKEE, FL 33538
Sec/Treas	Katherine E. Craig	960 CR 457	LAKE PANASOFFKEE, FL 33538

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8. Name and Address of Current Registered Agent

KENNETH L. CRAIG
960 CR 457
LAKE PANASOFFKEE, FL 33538

9. Name and Address of New Registered Agent

Name DAVID SKORUP
Street Address (P.O. Box Number is Not Acceptable) 962 CR 457
Suite, Apt. #, Etc.
City LAKE PANASOFFKEE | State FL | Zip Code 33538

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 _____ Date
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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

12-30-97 Date
352-793-8060 Daytime Phone #