

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 MAY 11 PM 5:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** D95000060234

**1. Corporation Name**

KYLE'S RUN DEVELOPMENT CORP.

**2. Principal Office Address**

106 East College Avenue

**3. Mailing Office Address**

106 East College Avenue

Suite, Apt. #, etc.

Suite 640

Suite, Apt. #, etc.

Suite 640

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

USA

Zip

32301

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-3331218

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

Kelli Chestnutt

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

106 East College Avenue

Suite, Apt. #, Etc.

Suite 640

City

Tallahassee

State

FL

Zip Code

32301

**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

Kelli Chestnutt  
REGISTERED AGENT MUST SIGN

Date May 11, 2005

**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	Jeffrey B. Sharkey	106 East College Avenue, Suite 640	Tallahassee, FL 32301
VP	Richard Pinsky	811 Forrest Hill Blvd.	West Palm Beach, FL 33405

**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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/11/05 850 942 5619  
Daytime Phone #

CR2E081 (01/05)