

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR  
REINSTATEMENT



FILED

02 NOV 27 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000078102

1. Corporation Name

KAM CONTRACTING, INC.

Principal Place of Business

10721 HABITAT TRAIL  
BOKEELIA FL 33922  
US

Mailing Address

10721 HABITAT TR  
BOKEELIA FL 33922  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/09/1995

5. FEI Number

NOT APPLICABLE

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	4 City / State / Zip
PVST	KENNEY, KEVIN	10721 HABITAT TRAIL, 9067 Hilolo Ln	BOKEELIA FL Venice FL 34293

8. Name and Address of Current Registered Agent

KENNEY, KEVIN  
10721 HABITAT TRAIL  
BOKEELIA FL 33922

9. Name and Address of New Registered Agent

Name

Kevin Kenney

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

9067 Hilolo Ln

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34293

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Kevin Kenney*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/20/02

11. 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:

*Kevin Kenney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/02

Daytime Phone #

(828)743-7557

CR2E040 (8/02)

Dear Gentlemen

I did not receive the prior notices  
for filing the UBR - my current address  
changed last yr. To

Kevin Kenney  
9067 Hilolo Ln  
Venice FL 34293

The Business address is still

Kam Contracting  
10721 Habitat trail  
Bokeelia FL 33922

I have been working out of state  
most of the time and have not received  
much of my mail - This notice was received 11/12/02

Sincerely Kevin Kenney  
Pres / Tres Kam Contracting

I have enclosed a check for \$150.00  
please waive the reinstatement fee

Thank you