

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

06 MAY 25 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700076203657
06/14/06--01040--015 **1050.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P960000 27177**

1. Corporation Name
KENDALL HOLLAND, INC.

2. Principal Office Address 1270 31ST ST SW		3. Mailing Office Address 1270 31ST ST SW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34117	Country US	Zip 34117	Country US

REINSTATEMENT 2081 (12/05) *04/20*

4. Date Incorporated or Qualified To Do Business in Florida 3/22/96	
5. FEI Number 65-0651876	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
SOUTHWEST PROFESSIONAL SERVICES OF S. FL INC

Street Address (P.O. Box Number is Not Acceptable)
13571 MCGREGOR BLVD #22

Suite, Apt. #, Etc.

City
FORT MYERS

State
FL

Zip Code
33919

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 *[Signature]* Date **5/16/06**

REGISTERED AGENT MUST SIGN

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
PO	KENDALL HOLLAND	1270 31ST ST SW NAPLES FL 34117	NAPLES FL 34117

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 contained in Chapter 119, 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]* Date **5/16/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

K. Eckel JUN 01 2006