

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 09 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000039272**

1. Corporation Name

Kemp STRUCTURAL FRAMING INC.

2. Principal Office Address

12631 Shady Creek Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

12631 Shady Creek Dr.

Suite, Apt. #, etc.

REINSTATEMENT 99-01

City & State

JAX Florida 32223

Zip

32223

Country

USA

City & State

JAX Florida

Zip

32223

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/5/96

5. FEI Number

59-337 8823

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

Christopher David Kemp

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

12631 Shady Creek Dr.

Suite, Apt. #, Etc.

600004077785-8

-04/25/01-01080-007

*****1050.00 ***1050.00**

City

Jacksonville

State

FL

Zip Code

32223

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

Christopher D Kemp
REGISTERED AGENT MUST SIGN

Date **4-1-01**

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	CHRIS KEMP	12631 Shady Creek Dr. JAX FL.	JAX Florida 32223
T	CLIFFORD RIVENBURG	12631 Shady Creek Dr.	JAX Florida 32223

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:

P- Christopher D Kemp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01 (904) 993-2379

Date

Daytime Phone #

CR2E081 (9/00)