

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 15 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **996 000067902**

1. Corporation Name

Kent Engineering, Inc

Principal Place of Business

Mailing Address

**3845 SW LOCKS RD
STUART, FL 34997**

200002403342--3
-01/16/98--01081--008
******750.00 ****750.00**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		August 15, 1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0698808	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	Kent M. Rogan	1845 SW LOCKS RD	STUART, FL 34997
CEO	James W. Clark	10940 SE Gomez Ave	Hobe Sound, FL 33455
V.P.	Rosalie Lombard	3540 SW Woodclark Trail	Palm City, FL 34940
Treasurer	Paul Bowen	3540 SW Woodclark Trail	Palm City, FL 34940

REINSTATEMENT

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SC

1-15-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Kent M. Rogan 1845 SW LOCKS RD STUART, FL 34997		Name Kent M. Rogan Street Address (P.O. Box Number is Not Acceptable) 1845 SW LOCKS RD Suite, Apt. #, Etc. City STUART State FL Zip Code 34997	
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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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12/18/97**

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] **Kent M. Rogan**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/97

Daytime Phone #

(561) 220-5944

CR20040 (12/96)