

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 MAY 30 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000068441

1. Corporation Name

KENNETH COYLE INC

2. Principal Office Address

1166 ANGIE ROAD

Suite, Apt. #, etc.

City & State

FORT PIERCE - FL

Zip

34947

Country

3. Mailing Office Address

P.O. BOX 1119

Suite, Apt. #, etc.

City & State

FORT PIERCE - FL

Zip

34954

Country

**REINSTATEMENT 01-06**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

8-12-96

5. FEI Number

65068501

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

DENISE COYLE

000075973210

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

156 N. E. TWYLITE TERRACE

Suite, Apt. #, Etc.

City

PORT ST LUCIE

State

FL

Zip Code

34983

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

Denise Coyle

Date 5.7.06

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
<u>P</u>	<u>DENISE COYLE</u>	<u>1166 ANGIE ROAD</u>	<u>FORT PIERCE FL 34947</u>
<u>ST</u>	<u>KENNETH COYLE</u>	<u>1166 ANGIE ROAD</u>	<u>FORT PIERCE FL 34947</u>

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:

Denise Coyle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.7.06

Date

772-461-7494

Daytime Phone #