

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA160000102196
1. *Corporation Name
Kellie Redmond, Inc.

Principal Place of Business
29640 SW 164 Place
Homestead, FL 33033
Mailing Address
29640 SW 164 Place
Homestead, FL 33033

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

2. New Principal Office Address, If Applicable
2163 Nova Village Drive
Suite, Apt. #, etc.
City & State
Davie, FL
Zip
33317 Country
USA
3. New Mailing Office Address, If Applicable
2163 Nova Village Drive
Suite, Apt. #, etc.
City & State
Davie, FL
Zip
33317 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
1/1/97

5. FEI Number
65-0721222
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Kellie S. Redmond	2163 Nova Village Dr. <u>Davie FL 33317</u>	Davie, FL 33317

8. Name and Address of Current Registered Agent

Kellie Redmond
2163 Nova Village Drive
Davie, FL 33317

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

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

6/20/97

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kellie Redmond

Date

Daytime Phone #

6/15/99 (954) 22-3753

(2)

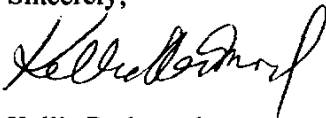
Kellie Redmond, Inc.
2163 Nova Village Drive
Davie, FL 33317

June 15, 1999

Dear Sir or Madam,

I called your office because I never received my corporation renewal form in the mail. If I had received it, I would surely have paid it in a timely manner. Please waive the late fee.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Kellie Redmond', written in black ink.

Kellie Redmond
Kellie Redmond, Inc.