

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 OCT 12 AM 7:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 97 00000 4437

1. Corporation Name

Kresley Cole & Co., Inc.

2. Principal Office Address - No P.O. Box #

224 Greenbriar Ln.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

US

3. Mailing Office Address

224 Greenbriar Ln.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/8/1997

5. FEI Number

59-3417623

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

Neal A. Siver

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

220 South Franklin Street

Suite, Apt. #, Etc.

2225

City

Tampa

State

FL

Zip Code

33602

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

10/11/07

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
PT	Richard Kjellander	224 Greenbriar Ln.	Santa Rosa Beach, FL 32459
VS	Kresley Kjellander	224 Greenbriar Ln.	Santa Rosa Beach, FL 32459

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10/12/07--01061--014 **300.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD KJELLANDER

Date

10/2/07 8506851153

Daytime Phone #

10/16/07