

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 20 PM 2:20

DOCUMENT # P97000060722

1. Corporation Name
KENDALL GARDENS DEVELOPMENT INC.

2. Principal Office Address

105 NORMI DRIVE
Suite, Apt. #, etc.

3. Mailing Office Address

105 NORMI DRIVE
Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip 33301 Country USA

City & State

FT. LAUDERDALE, FL

Zip 33301 Country USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

7/14/97

5. FEI Number

65-0768662

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

HENRY WEISS

600003342966-7

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

105 NORMI DRIVE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33301

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

Henry Weiss
REGISTERED AGENT MUST SIGN

Date 7/18/00

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
PRES	HENRY WEISS	105 NORMI DRIVE	FT. LAUDERDALE, FL 33301
SECRETARY	CAROL WEISS	105 NORMI DRIVE	FT. LAUDERDALE, FL 33301

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

Carol Weiss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/18/00

Daytime Phone #

954-525-3220

CR2E081 (9/99)