

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 16 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000004944

1. Corporation Name

KENNETH A. TREADWELL, P.A.

[Signature]

2. Principal Office Address

2305 SEAFORD DRIVE

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

Zip

33414

Country

USA

3. Mailing Office Address

2305 SEAFORD DRIVE

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

Zip

33414

Country

USA

REINSTATEMENT 2003

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

JANUARY 15, 1998

5. FEI Number

65-0806117

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
TREADWELL, KENNETH A

Street Address (P.O. Box Number is Not Acceptable)
2305 SEAFORD DRIVE

Suite, Apt. #, Etc.

City
WELLINGTON

State
FL

Zip Code
33414

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: Kenneth A. Treadwell]

REGISTERED AGENT MUST SIGN

Date 10/14/2003

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
D	TREADWELL, KENNETH A.	2305 SEAFORD DRIVE	WELLINGTON, FL 33414

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: *[Signature: Kenneth A. Treadwell]* Kenneth A. Treadwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/2003 561.798.0901

Date

Daytime Phone #

CR2E081 (10/02)