

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 13 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000030958

1. Corporation Name

KenKat, Inc

2. Principal Office Address

19910 Wyndham Lakes Dr

Suite, Apt. #, etc.

City & State

Odessa FL

Zip

33556

Country

Hillsborough

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/3/98

5. FEI Number

X

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

Kathleen R. Maetin

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

19910 Wyndham Lakes Dr

Suite, Apt. #, Etc.

City

Odessa

State

FL

Zip Code

33556

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

Kathleen R. Maetin

REGISTERED AGENT MUST SIGN

Date 10-10-00

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	Kathleen Maetin	19910 Wyndham Lakes Dr	Odessa, FL 33556
V. Pres	Kenneth Maetin	19910 Wyndham Lakes Dr	Odessa, FL 33556

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen R. Maetin

Date

Daytime Phone #

813-926-6455

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October 10, 2000

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00 for renewal of my corporation. The reason I am late in renewing this corporation is due to the fact that I moved since my last renewal and the renewal form was not forwarded to my new address. I have completed the attached form with my new address for your convenience. If you require any further information please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kathleen R. Martin', written over a horizontal line.

Kathleen R. Martin