

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 30 AM 10:17

SECRET  
FALL 2002

DOCUMENT # P98000045228

1. Corporation Name

KEVIN PIERCE, INC.

Principal Place of Business

1586 CENTURY COURT  
SANIBEL FL 33957

Mailing Address

POST OFFICE BOX 1774  
SANIBEL FL 33957



300009734763  
12/30/02--01030--002 \*\*150.00

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

2. New Principal Office Address, If Applicable

1265 COCONUT DRIVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1265 COCONUT DR.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/20/1998

5. FEI Number

65-0837010

Applied For

Not Applicable

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

Zip

33901

Country

USA

Zip

33901

Country

USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	PIERCE, KEVIN	1586 CENTURY COURT 1263 COCONUT DRIVE	SANIBEL FL 33957 FT. MYERS, FL 33901

8. Name and Address of Current Registered Agent

PIERCE, KEVIN  
1586 CENTURY COURT  
SANIBEL FL 33957

9. Name and Address of New Registered Agent

Name

KEVIN PIERCE (SAME)

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

1263 COCONUT DRIVE

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33901

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

1 DECEMBER 2002

11. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

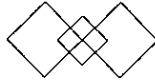
12/1/02 239 332 2324

Daytime Phone #

CR2040 (8/02)

# KEVIN PIERCE, INC.

COMMUNICATIONS AND PRODUCTION



19 November 2002

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
POBox 6327  
Tallahassee, FL 32314-6327

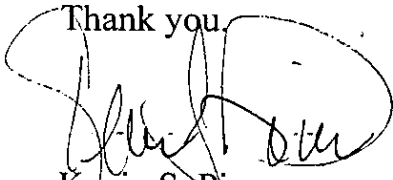
Re: P98000045228

To whom it may concern:

As the sole officer and employee of Kevin Pierce, Inc., I can state with certainty that I did not receive this year's UBR notices. Earlier this year, the office moved and mail forwarding has been spotty at best. Because of this, I am requesting to file for reinstatement without penalty and have enclosed my \$150 payment to do so.

The application makes note of the new physical and mailing address: 1265 Coconut Drive, Fort Myers, FL 33901.

Thank you.



Kevin S. Pierce  
President