

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 20 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000056734

1. Corporation Name

Ed Kees Carpentry, Inc.

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

1429 scott road

Suite, Apt. #, etc.

3. Mailing Office Address

1429 Scott Roat

Suite, Apt. #, etc.

City & State

Fernandina Beach FL

City & State

Fernandina Beach FL

Zip

32034

Country

Nassau

Zip

32034

Country

usa

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1998

5. FEI Number

593522655

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

Edward Kees

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

1429 Scott Road

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

☒ 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

Edm. R. Kees

Date 11/17/09

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
pres	edward kees	1429 scott road	fernandina beach, fl 32034
sec	sally Kees	1429 scott road	fernandina beach, fl 32034

10. E-mail Address: ed-sally@att.net

(To be used for future annual report notification)

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. I further certify, 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:

Edm. R. Kees

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/2009

Date

904-491-0519

Daytime Phone #

11/23/09
an