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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUL 28 AM 8:49

DOCUMENT # P98000077928

1. Corporation Name

KEN COLLWOOD INC.

W06-29006

REINSTATEMENT 99-Q6

2. Principal Office Address	3. Mailing Office Address
10156 N. FLORIDA AVE	5111 NEBRASKA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FLA	City & State: TAMPA FLA
Zip: 33612 Country: USA	Zip: 33603 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4-15-1999

5. FEI Number: 59-3113063 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: KEN COLLWOOD

Street Address (P.O. Box Number is Not Acceptable): 10156 N. FLORIDA AVE.

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33612

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: _____ Date: 5-20-06

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	KEN COLLWOOD	10156 N. FLORIDA AVE	TAMPA, FL 33612
			900078379009 06/04/06--01040--029 **1200.00

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 contained in Chapter 119, 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: _____ 6-20-06 917-577-6697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell AUG 2 2006

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6-20-2006

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

I request that you waive the $600.00 reinstatement fee. I was living in New York and did not receive any paper work from you to let me know the Corporation was,being dissolved.
Your cooperation in this matter would be greatly appreciated.

Respectfully;

Ken Collado