

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000090939

1. Corporation Name

KESTREL ENTERPRISES, INC.

Principal Place of Business

6662 KESTREL CIRCLE
FORT MYERS FL 33912

Mailing Address

6662 KESTREL CIRCLE
FORT MYERS FL 33912

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1998

5. FEI Number

65-0871180

Applied For

Not Applicable

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
PD	BLANKENSHIP, NEVILLE B	6662 KESTREL CIRCLE	FORT MYERS FL 33912
SD	BLANKENSHIP, PATRICIA S	6662 KESTREL CIRCLE	FORT MYERS FL 33912

8. Name and Address of Current Registered Agent

BLANKENSHIP, NEVILLE B
6662 KESTREL CIRCLE
FORT MYERS FL 33912

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Neville B. Blankenship

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-21-02

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: *Neville B. Blankenship* NEVILLE B. BLANKENSHIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-02 239-454-1333

Kestrel Enterprises, Inc.
6662 Kestrel Circle
Fort Myers, FL 33912

October 21, 2002

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


Ref: Kestrel Enterprises, Inc.
P98000090939
Notice of Dissolution

Dear Sir:

I just received the notice of dissolution for the above corporation today. I have searched my files and can not find any record of having received the prior two notices. Attached are the reinstatement application and a check for \$150.00.

I would greatly appreciate it if you could accept the reinstatement application without penalty.

Sincerely,



Neville B. Blankenship
President