

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 21 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS



DOCUMENT # P98999103827

1. Corporation Name

KEH, Inc.

2. Principal Office Address

1000 U.S. 1, North

Suite, Apt. #, etc.

#762

City & State

Jupiter, FL

Zip

33477

Country

USA

3. Mailing Office Address

1000 U.S. 1, North

Suite, Apt. #, etc.

#762

City & State

Jupiter, FL

Zip

33477

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/98

5. FEI Number

02-0625206

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

James W. Hall

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

1000 U.S. 1, North

Suite, Apt. #, Etc.

#762

City

Jupiter

State

FL

Zip Code

33477

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

REGISTERED AGENT MUST SIGN

James W. Hall

Date

11-19-02

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
D	James W. Hall	1000 U.S. 1, North, #762	Jupiter, FL 33477

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

James W. Hall

Date

11-19-02

Daytime Phone #

5614366952

CR2E081 (9/01)

7/11/25

# McCarthy, Summers, Bobko, Wood, Sawyer & Perry, P.A.

Attorneys at Law

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\*Board Certified Elder Law Lawyer  
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\*\*\*Board Certified Wills, Trusts &  
Estates Lawyer

November 20, 2002

VIA FEDERAL EXPRESS

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: KEH, Inc.

Dear Representative:

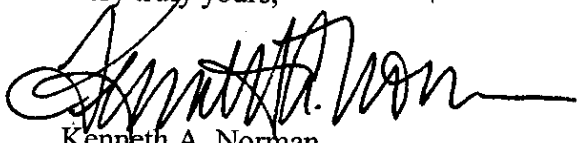
Enclosed are the following:

1. Corporation Reinstatement for KEH, Inc.
2. Check in the amount of \$450.00, reinstatement fee.

Please file the Corporation Reinstatement and restate KEH, Inc.

If you have any questions, or need additional information, please call.

Very truly yours,



Kenneth A. Norman

KAN/klm

Enclosures

cc: Mr. James W. Hall