* **		PLEASE READ /	ALL INST	RUCT	IONS BEFO	ORE C	OMPLET	ING T	HIS FOF	RM.			
CORPORATION REINSTATEMENT					DEPARTMENT OF STATE Katherine Harris Secretary of State ISION OF CORPORATIONS			FILED 00 NOV 29 PN 12: 31					
DOCUMENT # P99000001256 1. Corporation Name KENSINGTON ASSOCIATES, INC.							SECRETARY OF STATE TALLAHASSEE FLORIDA						
				Office Address th Drive S.W.			REINS			"₽	M		
City & State Vero		Florida	City & State Vero Bo	Vero Beach, Florida			To Do Busi	o Do Business in Florida 12/31/1998 El Number 58-2444638					
32962 U.S.			329	962 Country U.S.			CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status						
	7. Name and Address of Current Registered Agent Name Edwina Pizzo Street Address (P.O. Box Number is Not Acceptable) 846 11th Drive S.W. ####\$58.7 Suite, Apt. #, Etc. City Vero Beach State Zip Code FL 32962									-01008-	U al	- 9 75	
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 Date													
9. Names	and Street A	ddresses of Each Officer and	or Director (Flo	rida nonpro	ofit corporations mus	st list at lea	ast 3 directors)	,					
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip					
PSTD	Edwina	Pizzo	1915-3 Westminister Circle			Vero Beach, Florida 32966							
							80	-12	0 349 2/08/00- **700.0	-01008-	022	-	

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 finding 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:

Edwina Pizzo,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edwina Pizzo, President

11-16:00

Daytime Phone #

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