

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000009851

1. Corporation Name

JENNIFER E. KEMMET, P.A.

Principal Place of Business

250 DONNELLY STREET  
MT DORA FL 32757

Mailing Address

250 DONNELLY STREET  
MT DORA FL 32757

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/1999

5. FEI Number

36-4278232

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KEMMET, JENNIFER	351 W 10TH AVE	MOUNT DORA FL 32757

8. Name and Address of Current Registered Agent

KEMMET, JENNIFER E  
351 W 10TH AVE  
MT DORA FL 32757

9. Name and Address of New Registered Agent

Name

Same

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2040 (8/02)

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

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-1-02

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)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENNIFER E. KEMMET 11-1-02

Date

Daytime Phone #

250 Donnelly Street  
Mount Dora, Florida 32757

Jennifer E. Kemmet, P.A.

November 1, 2002

Division of Corporations  
Annual Report  
PO Box 6327  
Tallahassee, Florida 32314-6327


Dear Sir or Madam:

I recently received a Notice of Administrative Dissolution from your office. I sent in my annual report and check to you well in advance of its due date. You then sent it back to me with a letter to resend it because it was damaged in the mail. Your letter stated that I would be given an additional 30 days to get it back to you. I did resend both the form and check to you immediately upon receipt of your letter. That check was dated June 10, 2002, check #1100 was in fact deposited by your office. Again, you mailed the document back to me (without the check) with a letter stating I had made an error in completing the form and giving me yet another 30 days to comply. Again, I resent the form properly filled out well in advance of that 30-day deadline. Now I have this Notice of Dissolution. I called your office to find out the problem and was told to simply write a letter of explanation and you would reinstate my corporation to active status and that I would not be charged any additional fees.

My corporation # is 36-4278232, Jennifer E. Kemmet, P.A. and the latest document # is P99000009851. That form is included in this mailing. I may be reached via cell phone 352-267-2392.

Your quick response to this matter is appreciated.

Sincerely,



Jennifer E. Kemmet  
Owner/President