

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000011867

1. Corporation Name

KENDALL AMUSEMENT, INC.

Principal Place of Business

8364 MILLS DR  
MIAMI FL 33183

Mailing Address

8364 MILLS DR  
MIAMI FL 33183

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

02/08/1999

5. FEI Number

65-0900226

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
VSTD	HURRELL, ANN	600 NE 36 ST APT 218	MIAMI FL 33137
PD	MOGERMAN, IRWIN	10040 SW 2 ST	PLANTATION FL 33324

500008971295

11/13/02--01055--024 \*\*150.00

8. Name and Address of Current Registered Agent

MOGERMAN, IRWIN R  
10040 SW 2ND STREET  
PLANTATION FL 33324

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

*Irwin Moerman*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/7/02

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:

*Irwin Moerman*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRWIN MOERMAN

Date

11/7/02

Daytime Phone #

954 557-6243

CR2E040 (8/02)

**KENDALL AMUSEMENT, INC.**  
**8364 Mills Drive**  
**Miami, Florida 33183**  
**(305) 273-0381**

October 25, 2002

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

RE: Reinstatement of For Profit Corporation  
Kendall Amusement, Inc  
P99000011867

To Whom It May Concern:

Please accept this as my sworn statement under oath that I have not received the annual renewal for the corporation for the year 2002. The business address has not changed and I am the only person who obtains the mail for the Corporation.

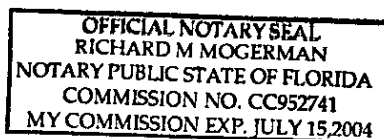
Very truly yours,

  
Jeffrey Condon

State of Florida )  
County of Broward )

Sworn and subscribed to before me this 25 day of October, 2002, by Jeffrey Condon who is [ ] personally known or [ ] has produced a Florida driver's license as identification.

[Notary Seal]



  
Notary Public

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_