1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -5 PM 6:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000026518

1. Corporation Name

THE KENT GROUP OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
989 WEST KENNEDY BLVD 201 ORLANDO FL 32810	300 BRICKSTONE SQUARE ANDOVER MA 01810

REINSTATEMENT 03

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.	333 E. Center Street Suite, Apt. #, etc.
City & State	Marion, OHio City & State
Zip / Country	43302 / USA Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/17/1999

5. FEI Number: 59-3564065 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.75 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
PSTD	KENT JR, JAMES P	300 BRICKSTONE SQUARE	ANDOVER MA 01810
TREAS	WISE, LISA (LACY)	300 BRICKSTONE SQUARE	ANDOVER MA 01810
SEC	NELSON, CAROL S	333 EAST CENTER STREET	MARION OH 43302

8. Name and Address of Current Registered Agent

CHRISTINO, GAIL
989 W KENNEDY BLVD
SUITE 201
ORLANDO FL ~~32801~~ 32810

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

CR2E048 (7/03)

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: Gail L. Christino — Date: 10-28-2003
REGISTERED AGENT MUST SIGN

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: _____ 11/3/2003 800-468-0834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT

THE KENT GROUP OF CENTRAL FLORIDA, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	~~$78.75~~

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