

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

KESSCO MANAGEMENT, INC.

Principal Place of Business

Mailing Address

5976 VINTAGE OAKS CIR
DELBAY BEACH FL 33484

5976 VINTAGE OAKS CIR
DELBAY BEACH FL 33484

[illegible]

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

4. Date Incorporated or Qualified To Do Business in Florida

03/29/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.:

5. FEI Number

Applied For

City & State

City & State

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)

[illegible]**8. Name and Address of Current Registered Agent**

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD., 1600 MIAMI CENTER
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name ARTHUR KESSLER		
Street Address (P.O. Box Number is Not Acceptable) 5976 VINTAGE OAKS CIR		
Suite, Apt. #, Etc.		
City DELRAY BEACH ---	State FL	Zip Code 33484

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.

Signature of Registered Agent X

Date 11/5/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR KESSLER

Date

Daytime Phone #