FILED
02 OCT 22 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000070775

1. Corporation Name
The Austin Kendall Corporation

2. Principal Office Address
4603 Rue Bordeaux
Suite, Apt. #, etc.
City & State: Lutz, FL
Zip: 33558 Country: USA

3. Mailing Office Address
4603 Rue Bordeaux
Suite, Apt. #, etc.
City & State: Lutz, FL
Zip: 33558 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/10/99

5. FEI Number: 59-3592048 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name: Attn: Michael G. Boutzoukas, Esq.
Street Address (P.O. Box Number is Not Acceptable)
701 West Bay Street
Suite, Apt. #, Etc.
City: TAMPA, FL 33606 State: FL Zip Code: 33606

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.
Signature of Registered Agent: Michael E. Boutzoukas Date: 10/21/02
REGISTERED AGENT MUST SIGN

CR2E031(9-01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P	Cambas, Christopher	4603 Rue Bordeaux	Lutz, FL 33558
D	Cambas, Lori M.	4603 Rue Bordeaux	Lutz, FL 33558

REINSTATEMENT 02 OCT 22 PM 3:29

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 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: _____ 10/21/02 813-909-1687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/21/2002

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

THE AUSTIN KENDALL CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$750.00