

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 MAR -7 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

099000073972

1. Corporation Name

Kendrick and Morgan Inc.

2. Principal Office Address

1035 Mason Ave DBFL

Suite, Apt. #, etc.

3. Mailing Office Address

1035 Mason Ave DBFL

Suite, Apt. #, etc.

City & State

Daytona Bch FL

City & State

same

Zip

32114

Country

Volusia

Zip

32114

Country

Volusia

REINSTATEMENT 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

12/2000

5. FEI Number

☒ 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

Betty J. Kendrick

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

508 Cannon St

Suite, Apt. #, Etc.

City

Daytona Bch FL

State  
FL

Zip Code

32114

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Betty J. Kendrick

REGISTERED AGENT MUST SIGN

Date 3/7/01

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
Pres.	Betty J. Kendrick	508 Cannon St	Daytona Bch FL
Vice Pres.	Eric Morgan	538 Walnut St.	Daytona Bch FL

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:

Betty J. Kendrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/07/01 (904)267-3528

Date

Daytime Phone #