

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -5 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000075703

1. Corporation Name

KEN MOORE, INC.

5400 N. OCEAN CT.
1517 CLEVELAND STREET

600041813626
10/12/04--01028--009 **600.00

2. Principal Office Address

5400 N. OCEAN CT.

3. Mailing Office Address

1517 CLEVELAND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL.

City & State

HOLLYWOOD, FL.

Zip

33019

Country

USA

Zip

33020

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01-04
8/24/99

5. FEI Number

650943258

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

MOORE, KENNETH L.

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

1517 CLEVELAND STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/04/2004

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 | MOORE, KENNETH L. | 1517 CLEVELAND STREET | HOLLYWOOD, FL. 33020 |
| | | | |
| | | | |
| | | | |
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/04/04

Daytime Phone #

CR2001 (01/04)

282

FILED

KEN MOORE, INC. 04 OCT -5 AM 10:54
1517 CLEVELAND STREET
HOLLYWOOD, FL. 33020
954-701-9522

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

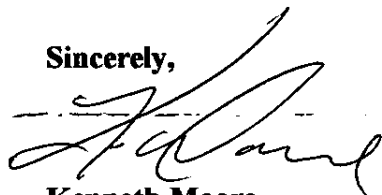
10/04/2004

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

To Whom It May Concern:

We are requesting that the penalty fee for reinstatement of our corporation please be waived for we did not receive annual reports for 2001, 2002, 2003, and 2004. We would greatly appreciate it if you could grant this request.

Sincerely,



Kenneth Moore