PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV -5 PH 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000075731

1. Corporation Name

Ken Ward, Inc.

REINSTATEMENT 03-04

$550 00

10/31/03 01058 006

2. Principal Office Address 1707 South Washington Ave.	**3.** Mailing Office Address 1707 South Washington Ave.	
Suite, Apt. #, etc. ...	Suite, Apt. #, etc.	**4.** Date Incorporated or Qualified To Do Business in Florida 08/15/99
City & State Titusville, FL	City & State Titusville, FL	**5.** FEI Number 59-3598220 / Applied For / Not Applicable
Zip 32780 / Country	Zip 32780 / Country	**6.** CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Kenneth L. Ward

Street Address (P.O. Box Number is Not Acceptable)
1707 South Washington Ave.

Suite, Apt. #, Etc.

City Titusville	State FL	Zip Code 32780

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 _____   Date 11\1\04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	Kenneth L. Ward	1707 South Washington Ave.	Titusville, FL 32780
V	Ronald H. Wilson	1707 South Washington Ave.	Titusville, FL 32780
		200042524842 11/05/04--01052--013 **350.00	

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: _____   11\1\04   321-863-6189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #