

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 10 PM 1:52

DOCUMENT # P99000077477

1. Corporation Name

KELLNER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4403 MOHICAN TRAIL
VALRICO FL 33594

4403 MOHICAN TRAIL
VALRICO FL 33594



REINSTATEMENT 00-01

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

08/30/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Dover FL

City & State
Dover FL

59-3595485

Not Applicable

Zip
33527

Country
USA

Zip
33527

Country
USA

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PRESIDENT	Edward O. Kellner Jr	1819 Martin Rd.	Dover, FL 33527
V.P.	Brandon S. Kellner	1819 Martin Rd	Dover, FL 33527
Secretary	R. Darlene Kellner	1819 Martin Rd	Dover, FL 33527
Treasurer	Brett N. Kellner	1819 Martin Rd	Dover, FL 33527

8. Name and Address of Current Registered Agent

KELLNER, BRANDON S
4403 MOHICAN TRAIL
VALRICO FL 33594

9. Name and Address of New Registered Agent

Name
KELLNER, BRANDON S
Street Address (P.O. Box Number is Not Acceptable)
1819 MARTIN ROAD
Suite, Apt. #, Etc.
City
DOVER
State
FL
Zip Code
33527

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/3/00

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

0000049818170
-05/24/01--01097--030
*****908.75 *****908.75

SIGNATURE: *Edward O. Kellner Jr* Edward O. Kellner, Jr., Pres. 11/6/00 813 655-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #