

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY -1 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S10957

1. Corporation Name

KENNEDY ENTERTAINMENT, INC.

2. Principal Office Address - No P.O. Box #

600 S. Dixie Hwy.

Suite, Apt. #, etc.

#504

3. Mailing Office Address

P.O. Box 3473

Suite, Apt. #, etc.

City & State

W. Palm Beach, FL

City & State

Palm Beach, FL

Zip

33401

Country

USA

Zip

33480

Country

USA

7. Name and Address of Current Registered Agent

Name

Kenneth Kramer, Esq.

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

200 South East 6th Street

Suite, Apt. #, Etc.

Suite 604

City

Ft. Lauderdale

State

FL

Zip Code

33301

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

Kenneth Kramer
REGISTERED AGENT MUST SIGN

Date 4/21/08

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
①	Kennedy, Raymond	600 So. Dixie Hwy #504	W. Palm Beach, FL 33401

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 contained in Chapter 119, 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:

Raymond Kennedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08
Date

561 833 9564
704 906 8002
Daytime Phone #