

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC-2 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S41533**

1. Corporation Name

KENDALL CONSERVATORY OF MUSIC, INC.

Principal Place of Business

7145 SW 117 AVE  
MIAMI FL 33183

Mailing Address

7145 SW 117 AVE  
MIAMI FL 33183

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

03/28/1001

5. FEI Number

05-0256177

Applied For:  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PST	YEARGIN, EDNA EARLINE	4831 S.W. 104TH AVE	MIAMI FL
VD	YEARGIN, EDNA EARLINE	4831 S.W. 104TH AVE	MIAMI FL

500002020205-2  
-12/04/96-01120-012  
MM#375.00 MM#375.00

11/29/96

8. Name and Address of Current Registered Agent

YEARGIN, EDNA EARLINE  
4831 S.W. 104TH AVENUE  
MIAMI FL 33183

9. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City \_\_\_\_\_  
State **FL** Zip Code **33183**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

*Edna Earline Yeargin*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date **11/29/96**

(See other side for information  
on Intangible Tax.)

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

12. 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.

*Edna Earline Yeargin*

SIGNATURE: *Edna Earline Yeargin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/96 305-274-9207  
Date Daytime Phone #