

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 23 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S41533

1. Corporation Name

Kendall Conservatory of Music, Inc.

REINSTATEMENT 05-07  
CRZE081 (1/07)

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

7153 SW 117 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip  
33183

Country  
USA

3. Mailing Office Address

7153 SW 117 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip  
33181

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/28/1991

5. FEI Number

650256177

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

Yeargin, Edna Earline

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

4931

Suite, Apt. #, Etc.

SW 104 Avenue

City

Miami, FL

State

FL

Zip Code

33165

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Edna Earline Yeargin*

Date 10/11/2007

REGISTERED AGENT MUST SIGN

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
Pres	Edna Earline Yeargin	4931 SW 104 Avenue	Miami, FL 33165
VP	Joe Brandon Yeargin	4931 SW 104 Avenue	Miami, FL 33165

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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 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

*Joe Yeargin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOE YEARGIN

10-11-07

Date

305-274-9207

Daytime Phone #

10/25/07