

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # V48960

1. Corporation Name

The W.F. Kenney Company

Principal Place of Business

9140 Golfside Drive
Suite 65
Jacksonville, FL 32256

Mailing Address

4509 Wilderness Lane North
Jacksonville, FL 32258

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

07/09/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3129687

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	William Kenney, Jr.	4509 Wilderness Lane North	Jacksonville, FL 32258
S/T	Patricia Lynn Kenney	4509 Wilderness Lane North	Jacksonville, FL 32258

REINSTATEMENT

B. 11/24/98
97-98

8. Name and Address of Current Registered Agent

Daniel B. Nunn, Jr.
One Independent Drive
Suite 3000
Jacksonville, Florida 32202

9. Name and Address of New Registered Agent

Name

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

4000002701104--4

Suite, Apt. #, Etc.

-12/03/98--01009--003

City

****900.00

State

FL

****900.00

Zip Code

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. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

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.

SIGNATURE:

[Signature]

William F. Kenney, Jr.

Date

11-12-98

Daytime Phone #

904-636-6262

CR2E040 (1/98)