2000 UNIFORM DOCUMENT # P93000022323 15 Entity Name 00 NOV -6 PH 4: 20 KWEIND, INC. SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 13412 CARIBBEAN BLVD. FORT MYERS, FL 33905 (SAME) 2. Principal Place of Business 3. Mailing Address SAME SAME DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 650398028 Not Applicable SAME SAME Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required LEE SAME USA SAME 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name WILLIAM E. KEHOE Street Address (P.O. Box Number is Not Acceptable) 228 OKLAHOMA AVE. FORT MYERS, FL 33905 Zip Code City both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its register WILLIAM E. KEHOE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PRESIDENT TITLE TITLE -☐ Delete NAME NAME SHERRY L. KEHOE STREET ADDRESS STREET ADDRESS 228 OKLAHOMA AVE. CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33905 ☐ Change Addition TITLE ☐ Delete TITLE NAME 400003464634--5 -11/15/00--01083--011 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP <u>\*\*\*\*300.00 \*\*\*\*300.00</u> ☐ Change Addition ☐ Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHORY L. Kehoe

SHORY L. Kehoe

SHORY L. Kehoe

SHORY L. Kehoe

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WILLIAM E. KEHOE 228 Oklahoma Avenue Fort Myers, FL 33905

September 26, 2000

Ms. Michelle Milligan
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re:

Corporation Name

KWEIND, INC.

FEI Number

650398028

Dear Ms. Milligan:

Thank you for speaking with me the other day. Please accept this letter as my request as Registered Agent on behalf of the referenced corporation to reinstate it to active status.

As we discussed, this will confirm that the renewal was mailed and the accompanying check for renewal has never cleared the corporate account. Further, there was never a notice received indicating that the corporation's renewal was not received by the State or the corporation had been involuntarily dissolved.

Enclosed you will please find a completed form URB and the corporation check number 261673 in the amount of \$300.00, made payable to the Department of State. Kindly reinstate KWEIND, INC. to active status.

Thank you in advance for your anticipated cooperation. If there is any difficulty at all in reactivating this corporation, please contact me directly.

Sincerely

William E. Kehod

Registered Agent

Enclosure