

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 15 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003800**

1 Corporation Name

Kenneth O. Lester Company, Inc.

Principal Place of Business

Mailing Address

245 Castle Heights Avenue North Same  
Lebanon, TN 37087

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

4. Date Incorporated or Qualified To Do Business in Florida

08/18/93

5. FEI Number

62-0458264

Applied For

Not Applicable

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)

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
P, D	Thomas Hoffman	1931 Roanoke Drive	Lebanon, TN 37087
S, D	David W. Sober	14115 Big Bear Court	Montpelier, VA 23192
D	P. Stephen Neely	1418 Palmer Road	Lebanon, TN 37090
D	Robert C. Sledd	213 Colony Lake Drive	Richmond, VA 23233
D	C. Michael Gray	2624 LaClede Avenue	Richmond, VA 23233

(continued on attached page)

8. Name and Address of Current Registered Agent

C.T. Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name N/A  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc. **REINSTATEMENT 99**  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, on behalf of and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Connie Bryan*

**CONNIE BRYAN**  
SPECIAL ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date 10/15/99

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:

*David W. Sober, Sec. Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/15/99* *904-285-5364*  
Date Daytime Phone #

CFR2040 (1-98)

2

7. Names and Street Addresses of Each Officer and/or Director  
(continued)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
1	2	3 (Do NOT Use Post Office Box Numbers)	4
D	Milton Patrick Agee	108 South Fork Drive	Lebanon, TN 37087
D	James Thompson	12204 Renwick Court	Glen Allen, VA 23059