PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04-99

1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11134

1. Corporation Name
C.K. Dockside Service Inc.

Principal Place of Business
223 NE 114 St.
Miami Fl. 33161

Mailing Address

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: August 1989

5. F.E.I. Number: 65-0158804 | 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/T	Craig A Koblitz	223 NE 114 St.	Miami Fl. 33161
V	Vic E Koblitz	223 NE 114 St.	Miami Fl. 33161

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-03/30/99--01028--015
***1065.00 ***1065.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: Craig A Koblitz
Street Address (P.O. Box Number is Not Acceptable): 223 NE 114 St.
Suite, Apt. #, Etc.
City: Miami | State: FL | Zip Code: 33161

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: Craig Koblitt
REGISTERED AGENT MUST SIGN

Date: 3-17-99

11. This corporation owes 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: Craig Koblitt Craig Koblitz 3-17-99 305-606-7850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (12/98)

2022

3-17-99

To State of Florida
Division of Corporations

C.K Dockside Service Inc.
has not received any bills or 3
requests for filling fees since 1994
I would appreciate if you
would not charge me the
reinstatement fee

Thank You
C.K Dockside Service Inc
president Craig Koblitz
Craig Koblitz