

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 FEB 23 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 65608

1. Corporation Name

A K TECHNOLOGIES, INC
184 PALM VIEW DR
NAPLES, FL 34110

2. Principal Office Address

184 PALM VIEW DR

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34110

Country

USA

3. Mailing Office Address

184 PALM VIEW DR

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34110

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/12/90

5. FEI Number

65-0187662

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

ARTHUR KRANITES

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

184 PALM VIEW DR

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code

34110

REINSTATEMENT 95-6170

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

REGISTERED AGENT MUST SIGN

Date

2/20/01

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
PD	ARTHUR KRANITES	184 PALM VIEW DR	NAPLES FL 34110

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***1650.00 ***1650.00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01

Date

Daytime Phone #

CR2E081 (9/00)