

P94000007915

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 21 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000007915

1. Corporation Name
CKC Corp.

2. Principal Office Address 1200 N. Federal Hwy. Suite, Apt. #, etc. Suite 420 City & State Boca Raton, FL Zip 33432		3. Mailing Office Address 1200 N. Federal Hwy. Suite, Apt. #, etc. Suite 420 City & State Boca Raton, FL Zip 33432		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 1/20/94

5. FEI Number 650462412 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 John J. Raymond, Jr., Esquire

Street Address (P.O. Box Number is Not Acceptable)
Butzel Long, 1200 N. Federal Highway,
Suite, Apt. #, Etc.
Suite 420

City Boca Raton State FL Zip Code 33432

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7/27/04
DC

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 John J. Raymond Jr. Date 7/20/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Carolyn M. Carrano	12525 Oak Arbor Lane	Boynton Beach, FL 33436

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: Carolyn M. Carrano Date 7/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #