

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JAN 30 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 404961

1. Corporation Name

K & S Contractors, Inc.

2. Principal Office Address - No P.O. Box #

514 Anclole Road

Suite, Apt. #, etc.

3. Mailing Office Address

514 Anclole Road

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

Zip

34689-6701

Country

US

Zip

34689-6701

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1972

5. FEI Number

59-1401911

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

Howard P. Rives III

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

1265 S. Myrtle Avenue

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

500244184725
01/30/13--01024--025 ***1200.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date January 29, 2013

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	Ronald E. Schimkat	325 West Gate Road	Tarpon Springs, FL 34688
STD	Betty A. Schimkat	325 West Gate Road	Tarpon Springs, FL 34688
			S. HAWKES
			FEB - 2013
			EXAMINER

REINSTATEMENT

2010-2013

10. E-mail Address: kandscontractors@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Betty A. Schimkat, STD.* Betty A. Schimkat

1/29/13

727-938-2528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #