

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 462224

1. Corporation Name

A & K HOME BUILDERS, INC.

Principal Place of Business

656 RIVER ROAD  
P.O. BOX 1009  
GATLINBURG TN 37738

Mailing Address

656 RIVER ROAD  
P.O. BOX 1009  
GATLINBURG TN 37738

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/31/1974

5. FEI Number

50-1634564

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	ANDERSON, H. CHARLES	656 RIVER ROAD	GATLINBURG TN
S	ANDERSON, GALE	656 RIVER ROAD	GATLINBURG TN
			308002008893--2
			-11/19/96--01162--017
			***375.00 ***375.00

8. Name and Address of Current Registered Agent

MORRIS, DONALD R.  
415 NORTH SECOND AVE.  
LAKE WORTH FL 33460

9. Name and Address of New Registered Agent

Name H. Charles Anderson  
Street Address (P.O. Box Number is Not Acceptable)  
6300 Pine Avenue  
Suite, Apt. #, Etc.  
City Gatlinburg Lake Worth FL 33463

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

*H. Charles Anderson* REGISTERED AGENT MUST SIGN

Date 10/28/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *H. Charles Anderson* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/96

Date

Daytime Phone #