

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

01 APR 15 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 462224

1. Corporation Name

A & K Home Builders, Inc.

2. Principal Office Address

1206 Cherokee Circle Drive

Suite, Apt. #, etc.

City & State

Sevierville TN

Zip

37862

Country

Sevier

3. Mailing Office Address

P.O. Box 4960

Suite, Apt. #, etc.

City & State

Sevierville TN

Zip

37864-4960

Country

Sevier

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1974

5. FEI Number

59-1634564

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

H. Charles Anderson

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

8600 S. Ocean Drive

Suite, Apt. #, Etc.

1201

City

Jensen Beach

State
FL

Zip Code

34957

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

H. Charles Anderson

REGISTERED AGENT MUST SIGN

Date 4/2/01

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
Pres.	H. Charles Anderson	8600 S. Ocean Dr. # 1201	Jensen Beach FL 34957

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:

H. Charles Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/01

Date

(865) 428-6039

Daytime Phone #

CR2E081 (9/00)