

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -4 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750287

1. Corporation Name

C.K.L., INC

2. Principal Office Address
809 6th Street

3. Mailing Office Address
P. O. Box 68

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cedar Key

City & State

Cedar Key

Zip
32625

Country
US

Zip
32625

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 12/19/1979

5. FEI Number
232373643

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

Ruth Hernandez

Street Address (P.O. Box Number is Not Acceptable)
12710 Jernigan Avenue

Suite, Apt. #, Etc.

City

Cedar Key

State
FL

Zip Code
32625

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

Ruth E. Hernandez
REGISTERED AGENT MUST SIGN

Date

4/21/04

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
P	Michael Williamson	11135 NW 129th Place	Chiefland, FL 32626
VP	Russel Adlon	13701 SW 166 Court	Cedar Key, FL 32625
S	Maurice Hendrix	12870 Jernigan Avenue	Cedar Key, FL 32625
T/D	Ruth Hernandez	12710 Jernigan Avenue	Cedar Key, FL 32625
D	Earl Box	16340 Hodges Avenue	Cedar Key, FL 32625
D	Ken Arnold	11536 NW 16th Place	Gainesville, FL 32606

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

RUTH E. HERNANDEZ
Ruth E. Hernandez

Date

4/21/04

Daytime Phone #

353-9477

T. Lewis

CR2E081 (01/04)