

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 30 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 100000002561

1. Corporation Name

Amtek of Kentucky Inc
1084 E New Circle Road
Lexington Ky 40505

2. Principal Office Address

1084 E New Circle Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 55194

Suite, Apt. #, etc.

City & State

Lexington Ky

Zip

40505

Country

USA

City & State

Lexington Ky

Zip

40555

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

61-0925360

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-02

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

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

Connie Bryan

ASST. SECRETARY

Date

10/30/02

REGISTERED AGENT MUST SIGN

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
<u>Owner</u>	<u>Ronald W Turner</u>	<u>1084 E New Circle Rd</u>	<u>Lexington Ky 40505</u>
<u>PPS</u>	<u>Dawn L. Turner</u>	<u>1084 E New Circle Rd</u>	<u>Lexington Ky 40505</u>

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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

Date

Daytime Phone #

10-29-02 858-255-9546

CR2E081 (9/01)

of 10/30/02