

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 22 AM 10:52

DOCUMENT # F85316

1. Corporation Name

Kriek Enterprises, Inc.

6820 Daniels Road

6820 Daniels Road

2. Principal Office Address

6820 Daniels Road

3. Mailing Office Address

6820 Daniels Road

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

Naples, FL

City & State

Naples, FL

Zip

34109-0541

Country

Collier

Zip

34109-0541

Country

Collier

4. Date Incorporated or Qualified

To Do Business in Florida 06/07/1982

5. FEI Number

52-1226721

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 07-04

7. Name and Address of Current Registered Agent

Name

Johan Kriek

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

6820 Daniels Road

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109-0541

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

Johan C. Kriek

REGISTERED AGENT MUST SIGN

Date

10/16/04

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
DP	Johan Kriek	6820 Daniels Road	Naples, FL 34109-0541
DVS	Tish Kriek	6820 Daniels Road	Naples, FL 34109-0541

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11/02/04--01016--004 **1200.00

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:

Johan C. Kriek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/04

Date

239/860-1626

Daytime Phone #

CR2E081 (01/04)