


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 31 PM 12:52

DOCUMENT # F96000001234

1. Corporation Name

G.C. & K.B. INVESTMENTS, INC.

Principal Place of Business

159 HWY 22 E  
MADISONVILLE LA 70447

Mailing Address

P.O. BOX 1350  
MADISONVILLE LA 70447



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/11/1996

5. FEI Number

72-1098221

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DVS	BENNETT, KEVIN	159 HWY 22 E	MADISONVILLE LA 70447
DP	COPP, GARY	159 HWY 22 E	MADISONVILLE LA 70447
CFO	DEARING, MARK	159 HIGHWAY, 22 EAST	MADISONVILLE LA 70447
V	BROOKS, DENNIS	159 HWY 22 E	MADISONVILLE LA 70447
V	O'KEEFE, THOMAS E	159 HWY 22 E	MADISONVILLE LA 70447

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

PETER F. SOUZA  
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/29/01

11. 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  
THOMAS E. O'KEEFE

Date

Daytime Phone #

10-24-01 (985) 845-1919



P.O. Box 1350 • 159 Highway 22 East • Madisonville, Louisiana USA 70447-1350 • (504) 845-1919 • Fax (504) 845-1936

October 15, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: **G.C. & K.B. Investments, Inc.**  
Document No. F96000001234  
FEI No. 72-1098221

Dear Sir/Madam:

We received the enclosed Certificate of Administrative Dissolution or Revocation for the corporation *G.C. & K.B. Investments, Inc.*, for failing to file its 2001 annual report. As in past years, it is our intention to comply with the appropriate state regulations and time constraints regarding timely reporting. However, this is the first notification we have received advising that our annual report is due.

In compliance with state regulations we enclose, for filing with your office, our completed annual report for the above referenced Florida corporation. Also enclosed is our check in the amount of \$150.00 as payment of the filing fees. Should additional information become necessary, please do not hesitate to contact me at (504) 845-1919, extension 239.

Thank you for your cooperation.

Sincerely,

*Thomas E. O'Keefe/dlw*

THOMAS E. O'KEEFE  
General Counsel

TOK/dlw  
enclosures (2)

