## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR دیر REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

## F96000001234 **DOCUMENT #**

1. Corporation Name

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

Principal Place of Business

Mailing Address

159 HWY 22 E

P.O. BOX 1350

FILED SECRETARY OF STATE DIVISION OF CORPORA LESS

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	Address, If Applicable	nformation and enter correction below.  ng Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     Octations				
Suite, Apt. #, etc. Suite, Apt. #				, etc.			03/11/1996  5. FEI Number Applied For		
City & State			City & State				72-1098221 Not Applicable		Not Applicable
Zip Country			Zip Count		Country		6. CERTIFICATE OF STATUS DESIRED  for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonpro	fit corporat	tions must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip	
DVS	BENNETT, KEVIN 159 HV				9 HWY 22 E			MADISONVILLE LA 70447	
DP	COPP, GARY				159 HWY 22 E			MADISONVILLE LA 70447	
CF0	DEARING, MARK				159 HIGHWAY, 22 EAST			MADISONVLLE LA 70447	
٧	O'KEEFE, THOMAS E				159 HWY 22 E			MADISONVILLE LA 70447	
•					- ·	<u> </u>	90 11/13/	002464569: 0301067004 **	9 150.00
8. Name and Address of Current Registered Agent						· · · · · · · · · · · · · · · · · · ·	9. Name and	d Address of New Registered Agent	
	_					Name			CB2E040 (7/03)
C T CORPORATION SYSTEM						Street Address (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						Suite, Apt. #, Etc.			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					City		State Z	Cip Code
Signature o	of	ne registered agent of the abo	ove named corpo	oration, am f	PETE	R F. SOUZA	bligations of Sect	tion 607.0505, F.S. or 617.0505, F	
Registered	Agent	RI	GISTERED AG	ENT MUST	SIGN		<del></del>	Date	
11. I certify	that I am an	officer or director or the recei	ver or trustee er	npowered to	execute t	his application as p	provided for in ch	apter 607 or 617, F.S. I further cer	tify 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

P.O. Box 1350 • 159 Highway 22 East • Madisonville, Louisiana USA 70447-1350 • (985) 845-1919 • Fax (985) 845-1936 www.speedeecorp.com

November 11, 2003

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 2003 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 (985) 845-1919, extension 239.

Thank you for your cooperation.

Sincerely,

THOMAS E. O'KEEFE

General Counsel

TOK/dlw enclosures (2)



