

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -5 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400009372074
12/05/02--01039--010 **150.00

DOCUMENT # **G16029**

1. Corporation Name

F AND K ENTERPRISES, INC.

Principal Place of Business

**74 INDIANHEAD RD
WALNUT IL 61376**

Mailing Address

**74 INDIANHEAD RD
WALNUT IL 61376**

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

11/24/1982

5. FEI Number

59-2286489

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P	KELLY, JEFFREY J	74 INDIANHEAD ROAD	WALNUT IL 61376
ST	KELLY, JULIA	74 INDIANHEAD RD	WALNUT IL 61376
D/VP	Dunphy, Timothy	1723 Heritage Dr.	Sterling FL 61081

8. Name and Address of Current Registered Agent

**FRYMIRE, ANN
4 SANDPIPER LANE
MARATHON FL 33050**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-23-02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**379-2455-
11-23-02 (815) 379-9207**

CR2E040 (8/02)

Doc # G16029

Nov 23, 2002

F+K Enterprises, Inc.

FEI # 59-2286489

I am enclosing filing fee for F+K Ent, Inc.
I did not receive any prior
notices. Please accept this filing fee.

Julia Key S.T.