PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT -



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

H76719

1. Corporation Name

FKH & ASSOCIATES, INC.

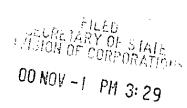
Principal Place of Business

Mailing Address

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

190 CHURCHILL AVE.

190 CHURCHILL AVE.



SATELLITE BEACH FL 32937-2163 SATELLI				E BEACH FL 32937-2163		) (MBIOX) dien 1000 a divin (1002) histo loin drain arang arang and n arang arang arang arang arang arang arang			
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable						4. Date Incorporated or Qualified			
						To Do Business in Florida 09/19/1985			
Suite, Apt. #, etc. Suite, Apt. #, City & State City & State						5. FEI Number Applied For			
						59-2777529 Not Appli		Not Applicable	
						6. \$8.75 Additional Fee required			
Zip Country			Zip	Zip Country		CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
7. Names	and Street Ad	Idresses of Each Officer	and/or Director (Flo	rida nonpro	fit corporations must list at le	ast 3 directors)			
Name of Officers					Street Address of Each Officer and/or Director		City / State / Zip		
Title(s)	s) and/or Directors		1	3		4			
P	HANSEN, FLEMMING K			190 CHURCHILL AVE			SATELLITE BEACH FL 32937		
VST	VST FLEMMING, HANSEN II K			160 MELA LEVCA DR		- 3.0	SATELLITE BEACH FL		
. <u></u>				30003468833C -11/17/0001070010 ****758.80 ****750.00			18330		
							****758.80 ****750.80		
-									
				<u> </u>	120				
	8. Name and Address of Current Registered Ag					0. Name and	Name and Address of New Registered Agent		
	8. Nar	ne and Address of Cur	rent Registered Ag	ent	Name	9. Name and	Address of New Registered P	ş	
наме	EN ELEMM	ING K				~			
HANSEN, FLEMMING K. 190 CHURCHILL AVE.					Street Address (P.O. Box Number is Not Acceptable)			ا	
SATELLITE BEACH FL 32937-2163					Suite, Apt. #, Etc.				
					Cit		State Zip Code		
					City		FL	.   20000	
10. I, bein	g appointed th	ne registered agent of the	above named corp	oration, am	familiar with and accept the	obligations of Sec			
Signature		TRIGM			COUIRED		Date 10/28-2	2000	
Registered	Agen(	Jumm	REGISTERED AC	SENT MUS	T SIGN				
		(	J						
11. I certify this rei	y that I am an instatement ap	polication, the reason for	dissolution has been	n eliminated	the corporate name satisfie	is the requirement	napter 607 or 617, F.S. I further ts of section 607.0401 or 617.0- order section 119.07(3)(i) F.S.	401, F.S., that all fees	