

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

99 JAN -4 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K24216

1. Corporation Name

B & K HOLDINGS, INC.

Principal Place of Business

Mailing Address

1634 SUMMIT WAY
P.O. BOX 8235
DUNEDIN FL 34698
US

P O BOX 8235
P.O. BOX 8235
CLEARWATER FL 34618-8235
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33758-8235 PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1988

5. FEI Number

59-2890962

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	POWER, BRUCE L. SR	1634 SUMMIT WAY	DUNEDIN FL
S	BUXTON, KENNETH B.	1625 LINWOOD DR	CLEARWATER FL

9000002730929--4
-01/05/99--01086--001
****150.00 ****150.00

12/1/94

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BASKIN, HAMDEN H. III ESQ
501 S FT HARRISON AVE
SUITE 206
CLEARWATER FL 34616

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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

12/29/98

Date

813-734-3397

Daytime Phone #

CR2E040 (9/93)

ATTN TREVOR BRUMBLEY:

PER OUR PHONE CONVERSATION
I DID NOT RECEIVE THE LETTER OR "PACKET"
FOR ANNUAL DUES, BUT I DID RECEIVE THIS
PACKET DIV. OF CORP. "REINSTATEMENT" PACKAGE.
THE ZIP CODE FOR THE POST OFFICE BOX HAS
CHANGED & I NOTED THIS ON THE FORM. I AM
ENCLOSING A CHECK FOR 150.00 PER YOUR
INSTRUCTION. THANK YOU FOR YOUR ASSISTANCE

BOLE L. LANESE/Pers