

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 21 AM 9:45

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000066672

1. Limited Liability Company's Name

G H & K ENTERPRISES, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

6417 Fletch Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

7810 Land O'Lakes Blvd

Suite, Apt. #, etc.

WPB 401

City & State

Land O'Lakes Florida Land O'Lakes Florida

Zip

Country

Zip

Country

34637

USA

34639

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

9/8/2004

6. FEI Number

20-1583108

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ivans, Richard B.

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

c/o Arnstein & Lehr LLP, 200 S. Biscayne Blvd.

Suite, Apt. #, Etc.

3600

City

Miami

State

FL

Zip Code

33131

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Richard B. Ivans

REGISTERED AGENT MUST SIGN

Date Feb 15, 2008

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Harriette Pointon	6417 Fletch Rd.	Land O'Lakes, Fl. 34637

000121710960  
03/31/08--01063--004 \*\*655.00

REINSTATEMENT 2005 - 2008

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Harriette W. Pointon

Date 3-26-08

Daytime Phone # 305-439-1582

Typed or printed name of signing Managing Member/Manager

HARRIETTE W. POINTON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 APR 21 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 4, 2008

G H & K ENTERPRISES, LLC  
7810 LAND O LAKES BLVD  
LAND O LAKES, FL 34639

SUBJECT: G H & K ENTERPRISES, LLC  
Ref. Number: L04000066672

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$655.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 608A00020042