

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 30 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 70299

1. Corporation Name

Alkim Enterprises Inc.

300005501173--5

-05/03/02--01072--022

****300.00 ****300.00

2. Principal Office Address

3. Mailing Office Address

GRANT QUINN

GRANT QUINN

Suite, Apt. #, etc.

Suite, Apt. #, etc. 3031

3031 PLACIDA RD

Box 5001

City & State

City & State

Grove City, FL.

Grove City FL.

Zip

Country

Zip

Country

34224

Charlotte

34224

Charlotte

4. Date Incorporated or Qualified
To Do Business in Florida

3/1/88

5. FEI Number

650034608

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Previous Agent

7. Name and Address of Current Registered Agent

New Agent

Name

WILMAN, Robert G.

GRANT QUINN

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

240 N. Washington Blvd

3031 PLACIDA RD.

Suite, Apt. #, Etc.

Suite 305

Box 5001

City

SAVANOTA, FL. 34236

Grove City

State

Zip Code

FL

34224

18
BAYSHORE
KNIGHT
ISLAND
FL.
NO ZIP
NO
MAIL DELIVERY

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-2-2

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GRANT QUINN	P.O. Box 5001	Grove City, FL. 34224
T	Francis Pelletier	2 SEA CLIFF AVE	O.O. Beach, Me 04724
S	Lobby Quinn	P.O. Box 5001	Grove City, FL. 34224

10. 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:

GRANT QUINN

[Signature]

4-2-2

941-697-3358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/02



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 18, 2002

ALKIM ENTERPRISES, INC.
C/O GRANT QUIRK
P.O. BOX 5001
GROVE CITY, FL 34224 US

SUBJECT: ALKIM ENTERPRISES, INC.
Ref. Number: M70299

We have received your document for ALKIM ENTERPRISES, INC. and check(s) totaling \$300.00. However, your check(s) and document are being returned for the following:

The designation of the registered agent must be at a Florida street address.

Please attach letter requesting fee abatement.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 102A00023171

Thank you!

*Please use 3031 Placida Rd
Grove City, Fl. 34224*

PAGE TWO

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Dear Sir or Madam,

Per your phone instructions
I am enclosing a check for
\$300 to reinstate Alkim Ent.
Inc # M 70299.

We called your office
three years ago to change
our mailing address and
followed up in writing, however
we did not receive a
mailing notice last year.

Many thanks for your
courteous help during our
phone conversations.

Sincerely

