PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 MAR 21 AM 8:25
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N1600003646

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01/23/18-01009-025 *148.75
CR2E081 (11/10)

1. Corporation Name
ALK OF FLORIDA INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9309 N. Florida Ave	3507 N. 12th Street
Suite, Apt. #, etc #101	Suite, Apt #, etc
City & State Tampa FL 33612	City & State Tampa Florida 33605
Zip / Country 33612 / US	Zip / Country 33605 / US

4. Date Incorporated or Qualified To Do Business in Florida: 1-30-2016

5. FEI Number: 81-2401046 ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Katrina Osborne

Street Address (P.O. Box Number is Not Acceptable): 3709 N. 36th Street

Suite, Apt #, Etc.:

City: Tampa | State: FL | Zip Code: 33610

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REINSTATEMENT

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: Katrina Osborne (REGISTERED AGENT MUST SIGN) Date: 2-2-18

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	Arlena Chisholm	3507 N. 12th Street	Tampa Florida 33605
VP	Katrina Osborne	3709 N. 36th Street	Tampa Florida 33610
T	Le'Troy Carter	4747 W. Waters #3004	Tampa, Florida 33614
S	Jennifer Carter	4747 W Waters #3004	Tampa Florida 33614
D	Danny Osborne	3709 N. 36th Street	Tampa Florida 33610

MAR 21 2018
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10. E-mail Address: pearlenasqatrinitycenter@gmail.com (To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Arlena Chisholm 2/2/18 813 2701388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #