

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT 31 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000022807

**1. Corporation Name**

Special K Enterprise, Inc.  
1004 South Bay Avenue  
Sanford, FL 32771

**2. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

P.O. Box 1822

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip

32771

Country

Seminole

REINSTATEMENT 01-80

**4. Date Incorporated or Qualified To Do Business in Florida**

**5. FEI Number**

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  
Charles Smith

Street Address (P.O. Box Number is Not Acceptable)  
1004 South Bay Avenue

Suite, Apt. #, Etc.

City  
Sanford

State  
FL

Zip Code  
32771

**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

*Charles Smith*

Date

9/21/06

REGISTERED AGENT MUST SIGN

**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	Carrie B. Bryant	550 Elmcrest Place	Debary, FL 32713
VP	Charles Smith	1004 S. Bay Avenue	Sanford, FL 32771
S/T	Dedora Smith	1004 S. Bay Avenue	Sanford, FL 32771

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10/05/06--01025--023 \*\*1500.00

**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 contained in Chapter 119, 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:

*Carrie B. Bryant* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/21/06

Daytime Phone #

386-774-9159