

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
			700080493337 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