

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 21 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000101462**

**1. Corporation Name**

S & K ENTERPRISES, INC.

**2. Principal Office Address**

5650 Stirling Road

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

USA

**3. Mailing Office Address**

5650 Stirling Road

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

USA

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

October 27, 2000

**5. FEI Number**

651050961

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**REINSTATEMENT 02**

**7. Name and Address of Current Registered Agent**

Name

Stephanie D. Beddoe

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

5650 Stirling Road

Suite, Apt. #, Etc.

City

Hollywood

State  
**FL**

Zip Code

33021

**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

*Stephanie Beddoe*  
REGISTERED AGENT MUST SIGN

Date

10-18-02

**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
D	Stephanie Beddoe	5650 Stirling Road	Hollywood, FL 33021

**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:**

*Stephanie Beddoe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-18-02 (954) 689-8273

Daytime Phone #

CR2E081 (9/01)

10/27/02

# MAY, MEACHAM & DAVELL

A PROFESSIONAL ASSOCIATION  
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October 18, 2002

## FEDERAL EXPRESS

CORPORATE RECORDS BUREAU  
Division of Corporations  
Florida Department of State  
409 East Gaines Street  
Tallahassee, Florida 32314

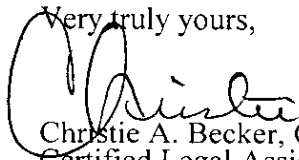
Re: Re-Instatement of S & K ENTERPRISES, INC.

Dear Sir or Madame:

Enclosed you will find the original and a copy of an executed Application for Reinstatement for the above corporation which was administratively dissolved on or about October 4, 2002. The Uniform Business Report for 2002 was not received by the Corporation and the corporation was subsequently dissolved for failure to file the annual report. We have enclosed a check in the amount of \$750.00 representing the fee for reinstatement, along with a check in the amount of \$8.75 for a Certificate of Status. Kindly process this reinstatement in an expedited manner.

If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,



Christie A. Becker, CLA  
Certified Legal Assistant  
MAY, MEACHAM & DAVELL, P.A.

/cab