

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 19 AM 8:00

DOCUMENT # P00000 101462

1. Corporation Name

S+K Enterprises Inc.

REINSTATEMENT 03

500025650395
12/19/03--01055--018 **150.00

2. Principal Office Address

5650 Stirling Rd

Suite, Apt. #, etc.

3. Mailing Office Address

5650 Stirling Rd

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33021

Country

USA

City & State

Hollywood FL

Zip

33021

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/2000

5. FEI Number

65-1050961

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

Robert Dean

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

6390 Raleigh St

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

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

12/18/03

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	Debra G. Dean	6390 Raleigh St	Hollywood FL 33024

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/03

Date

Daytime Phone #

CRZE081 (10/02)