

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR -4 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000110779**

**1. Corporation Name**

H. K. Management Services Inc.

**2. Principal Office Address**

2503 North Riverside Drive

Suite, Apt. #, etc.

City & State

Pompano Beach, Florida

Zip

33062

Country

USA

**3. Mailing Office Address**

2503 North Riverside Drive

Suite, Apt. #, etc.

City & State

Pompano Beach, Florida

Zip

33062

Country

USA

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

11-30-2000

**5. FEI Number**

65-1058151

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

700015320957  
04/04/03--01060--011 \*\*308.75

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

Name

Kimberlee Ann Goldstein

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

2503 North Riverside Drive

Suite, Apt. #, Etc.

City

Pompano Beach

State  
FL

Zip Code  
33062

**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

*Kimberlee Ann Goldstein*  
REGISTERED AGENT MUST SIGN

Date 04-02-03

**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
C	Kimberlee Ann Goldstein	2503 North Riverside Drive	Pompano Beach, Florida 33062
P	Kimberlee Ann Goldstein	2503 North Riverside Drive	Pompano Beach, Florida 33062
V	Kimberlee Ann Goldstein	2503 North Riverside Drive	Pompano Beach, Florida 33062
S	Howard Jay Goldstein	2503 North Riverside Drive	Pompano Beach, Florida 33062
T	Howard Jay Goldstein	2503 North Riverside Drive	Pompano Beach, Florida 33062

**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**

*Kimberlee Ann Goldstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-03

Date

954-941-0951

Daytime Phone #

CR2E081 (10/02)

21 4/5