

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 DEC -4 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000033103

1. Corporation Name

George B. Kaminas & Associates, Inc.

2. Principal Office Address

169 West Christina Boulevard

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33813

Country

USA

3. Mailing Office Address

P.O. Box 7250

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33807-7250

Country

USA

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

03/28/2001

5. FEI Number

59-3709249

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

John J. Lancaster, LL.M. c/o Clark, Campbell & Mawhinney, P.A. 500009332885

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

500 South Florida Avenue

Suite, Apt. #, Etc.

Suite 800

City

Lakeland

State

FL

Zip Code

33807-7250

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

Date

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	George B. Kaminas	169 West Christina Boulevard	Lakeland, FL 33813
VP	Deborah B. Wyngate	169 West Christina Boulevard	Lakeland, FL 33813

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-26-02

Date

863-648-5553

Daytime Phone #

CR2E081 (9/01)



GEORGE B. KAMINAS

A N D A S S O C I A T E S

November 26, 2002

Department of State
Division of Corporations
Corporate Filings
Post Office Box 6327
Tallahassee, Florida 32314

Re: George B. Kaminas and Associates, Inc.

To Whom It May Concern:

Enclosed are the following documents:

1. Corporation Reinstatement form for George B. Kaminas and Associates, Inc.
2. Cheque from George B. Kaminas and Associates, Inc. made payable to the Department of State in the amount of one hundred fifty and no/100 Dollars (\$150.00) for the Annual Report Fee and Corporate Supplemental Fee.

I am requesting that the Department of State please waive the six hundred and no/100 Dollars (\$600.00) Reinstatement Fee for George B. Kaminas and Associates, Inc. George B. Kaminas and Associates, Inc. did not timely file its Uniform Business Report this year because the corporation mailing address was incorrectly reported to the Division of Corporations and the corporation did not receive the 2002 annual report. We apologize for this error and will make every effort to timely comply in the future.

Sincerely,

George B. Kaminas, President

GBK/dbw

enclosures

Sales and Marketing Specialists

169 WEST CHRISTINA BLVD. • LAKELAND, FLORIDA 33813
NATIONWIDE PAGER 1-800-946-7304 • PHONE (863) 648-5553 • FAX (863) 648-5631