

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # P01000033517</b><br>1. Entity Name<br><b>G.F.K. FINANCIAL, INC.</b>  |  |  |   | <b>FILED</b><br><b>04 DEC 27 AM 10: 00</b><br><b>SECRETARY OF STATE</b><br><b>TALLAHASSEE, FLORIDA</b> |  |
| Principal Place of Business<br><b>4710 EISENHOWER BLVD. #C2</b><br><b>TAMPA, FL 33634</b>  |  | Mailing Address<br><b>4710 EISENHOWER BLVD. #C2</b><br><b>TAMPA, FL 33634</b>  |   |  |  |
| 2. Principal Place of Business<br><b>340 Horsecreek Drive</b><br>Suite, Apt. #, etc.<br><b>#105</b><br>City & State<br><b>Naples, Florida</b><br>Zip Country<br><b>34110-6037</b>  |  | 3. Mailing Address<br><b>340 Horsecreek Drive</b><br>Suite, Apt. #, etc.<br><b>#105</b><br>City & State<br><b>Naples, Florida</b><br>Zip Country<br><b>34110-6037</b>  |   |  |  |
| 4. FEI Number<br><b>59-3716138</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |   | 10212004 REIN-P CR2E098 (6/04)   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  | 6. Name and Address of Current Registered Agent<br><b>HINES, EARL</b><br><b>2435 MONTCLARE COURT, UNIT 102</b><br><b>NAPLES, FL 34109</b>  |   |  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>  |  | 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small> |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2005, Fee will be \$300.00</b>   |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>      |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><b>KOPP, GEORGE F</b><br><b>4710 EISENHOWER BLVD. #C2</b><br><b>TAMPA, FL 33634</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <b>Kopp, George F</b><br><b>340 Horsecreek Drive #105</b><br><b>Naples, Florida 34110-6037</b>         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>100043651841</b><br><b>12/27/04--01090--002 **150.00</b>       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |  |  |   |  |  |
| <b>SIGNATURE:</b>  |  |  | <b>12-2004 262 784 0200</b>                                       |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | <small>Date Daytime Phone #</small>                               |  |  |