

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 23 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039907

1. Corporation Name

lkwik, Inc.

2. Principal Office Address

2274 State Rd. 580

3. Mailing Office Address

2274 State Rd. 580

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Clearwater

City & State

Clearwater

Zip

33763

Country

Zip

33763

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/18/2001

5. FEI Number

Applied for

☒ 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

Joel S. Treuhaft

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

2274 State Rd. 580

Suite, Apt. # Etc.

Suite C

City

Clearwater

State
FL

Zip Code
33763

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

REGISTERED AGENT MUST SIGN

Date

6-19-06

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,P,S,T	Joel S. Treuhaft	2274 State Rd. 580, Ste. C	Clearwater, FL 33763

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 contained in Chapter 119, 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

Date

6-19-06 727-797-7799

Daytime Phone #