

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 25 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000043887

1. Corporation Name

S & K PROCESS SERVICE, INC.

Principal Place of Business

6008 RIVER TERRACE  
TAMPA FL 33604

Mailing Address

6008 RIVER TERRACE  
TAMPA FL 33604

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/24/2001

5. FEI Number

59-3719255

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

1

STEINBERG, SANDY

2

6008 RIVER TERRACE

3

TAMPA FL 33604

8. Name and Address of Current Registered Agent

F. TOBIAS TEDROW, ESQUIRE  
608 WEST HORATIO STREET  
SUITE B  
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 (Sandy Steinberg) President

10/23/02 (813) 238-5810

Date

Daytime Phone #

CR2EC40 (8/02)

**S & K PROCESS SERVICE, INC.**  
**6008 River Terrace**  
**Tampa, FL 33604-6522**  
**Cell: (813) 335-3310**  
**Beeper:(813) 332-9065**

October 23, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

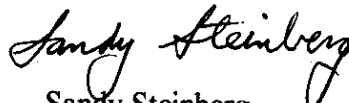
Re: Document # P01000043887

Dear Sir:

This is now the second time I have been asked to sign, date and return a form of this type. Nothing was ever mentioned about the second form I returned at least six months ago to you. What was wrong with it? It was signed and dated as requested and then we received, without warning, this Certificate of Administrative Dissolution or Revocation.

I am returning a third signed form to your attention. Please advise in a timely fashion if anything else is required.

Sincerely,

  
Sandy Steinberg

Enclosure