

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 JAN -3 PM 12:22  
FILED  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000043884

**1. Corporation Name**

DeVereK Inc.

REINSTATEMENT 03-96

8:00 AM JAN 04 2006  
ORZ001 (8/05)

**2. Principal Office Address**

309 Shaddock St

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Tarpon Springs

Zip

Country

34689 USA

City & State

FL

Zip

Country

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

2001

**5. FEI Number**

33-1001343

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

De Vere M Kins

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

309 Shaddock St.

Suite, Apt. #, Etc.

City

Tarpon Springs

State

FL

Zip Code

34689

**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

De Vere M Kins

Date

12/05/05

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 ( <u>Springs</u> )
<u>Pres</u>	<u>De Vere Michael Kins</u>	<u>309 Shaddock St</u>	<u>Tarpon Springs</u>
			<u>FL 34689</u>

**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:

De Vere M Kins  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/05/05

Daytime Phone #

727-409-0164