

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2006 NOV -1 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082490

1. Corporation Name

MK&B Enterprises, Inc.

2. Principal Office Address

c/o Bakkalapulo & Boutzoukas, P.A.  
111 N. Belcher Rd.

3. Mailing Office Address

c/o Bakkalapulo & Boutzoukas, P.A.  
111 N. Belcher Rd.

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33765

Country

USA

Zip

33765

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

7/30/02

5. FEI Number

043708425

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

Michael E. Boutzoukas, Esq.

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

111 N. Belcher Road, Suite 201

Suite, Apt. #, etc.

Suite 201

City

Clearwater, FL

State

FL

Zip Code

33765

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

*Michael E. Boutzoukas*

Date

10/12/06

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-D	Michael Kastrenakes	P.O. Box 2460	Palm Harbor, FL 34682
VP-D	Mia Boutzoukas	P.O. Box 2460	Palm Harbor, FL 34682
D	James Boutzoukas	P.O. Box 2460	Palm Harbor, FL 34682
D	Maria Kastrenakes	P.O. Box 2460	Palm Harbor, FL 34682
			300080870553 10/19/06--01029--013 **750.00
			300080870553 11/09/06--01008--024 **158.75

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:

*Michael E. Boutzoukas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/06 (727) 726-6112

Date

Daytime Phone #