

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 AUG -3 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000089416

**1. Corporation Name**  
S.K.G. ENTERPRISES AND ESTATES CORPORATION

**2. Principal Office Address**  
8740 CRESTGATE CIRCLE

Suite, Apt. #, etc.

**City & State**  
ORLANDO, FLORIDA

**Zip** 32819 **Country** USA

**3. Mailing Office Address**  
8740 CRESTGATE CIRCLE

Suite, Apt. #, etc.

**City & State**  
ORLANDO, FLORIDA

**Zip** 32819 **Country** USA

700039869437  
08/04/04--01048--021 \*\*300.00

**REINSTATEMENT** 03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida** 8/16/2002

**5. FEI Number**  
52-2370385

**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**  
KIETTA GAMBLE

**Street Address (P.O. Box Number is Not Acceptable)**  
8740 CRESTGATE CIRCLE

Suite, Apt. #, Etc.

**City**  
ORLANDO

**State** FL **Zip Code** 32819

**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** JULY 29, 2004

**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
CEO	SAMMY GAMBLE	8740 CRESTGATE CIRCLE	ORLANDO, FLORIDA 32819
P	KIETTA GAMBLE	8740 CRESTGATE CIRCLE	ORLANDO, FLORIDA 32819
VP	MICHELLE MITCHELL	8740 CRESTGATE CIRCLE	ORLANDO, FLORIDA 32819

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/04

Date

(407) 876-8832

Daytime Phone #

CR2E081 (07/04)

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**KIETTA M. GAMBLE**  
8740 CRESTGATE CIRCLE  
ORLANDO, FLORIDA 32819  
TELEPHONE (407) 876-8832

July 29, 2004

Division of Corporations  
Registration Section  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: S.K.G. Enterprises and Estates Corporation  
Charter No.: P02000089416

VIA FEDERAL EXPRESS STANDARD OVERNIGHT

Dear Sir or Madam:

I have enclosed Corporate Reinstatement and a check in the amount of \$300.00 to cover the filing fees. The reason for my reinstatement is because my mailing address has changed since incorporation and did not receive any paperwork telling me about filing a UBR.

If you have any questions or concerns in this regard, please contact me.

Very truly yours,

  
Kietta Gamble