

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000089416

**FILED**  
**Nov 04, 2009**  
**Secretary of State**

**Entity Name:** S.K.G. ENTERPRISES AND ESTATES CORPORATION

**Current Principal Place of Business:**

4700 MILLENIA BLVD  
175  
ORLANDO, FL 32839

**New Principal Place of Business:**

**Current Mailing Address:**

4700 MILLENIA BLVD  
ORLANDO, FL 32839

**New Mailing Address:**

P O BOX 692286  
ORLANDO, FL 32869

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAMBLE, KIETTA  
8740 4700 MILLENIA  
ORLANDO, FL 32839 US

**Name and Address of New Registered Agent:**

GAMBLE, KIETTA  
4700 MILLENIA BLVD  
ORLANDO, FL 32839 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KIETTA GAMBLE

11/04/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: GAMBLE, SAMMY III  
Address: 4700 MILLENIA BLVD  
City-St-Zip: ORLANDO, FL 32839

Title: P ( ) Delete  
Name: GAMBLE, KIETTA  
Address: 4700 MILLENIA BLVD  
City-St-Zip: ORLANDO, FL 32839

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIETTA GAMBLE

P

11/04/2009

Electronic Signature of Signing Officer or Director

Date