

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000105735

1. Corporation Name

KIKKA CORP OF SOUTHWEST FLORIDA INC.

2. Principal Office Address

256 CLARK ST.

Suite, Apt. #, etc.

City & State

NORTH FT. MYERS

Zip

33903

Country

FL.

3. Mailing Office Address

256 CLARK ST.

Suite, Apt. #, etc.

City & State

NORTH FT. MYERS

Zip

33903

Country

FL.

4. Date Incorporated or Qualified  
To Do Business in Florida

October 1, 2002

5. FEI Number

03-0484939

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

WILLIAM L.J. BAKER

700039734047

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

256 CLARK ST

07/30/04 01057 010 \*\*\*300.00

Suite, Apt. #, Etc.

City

NORTH FT. MYERS

State  
FL

Zip Code

33903

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

7/14/04

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| Pres.  | WILLIAM L.J. BAKER                   | 256 CLARK ST.                                     | N. FT. MYERS, FL 33903 |
| VP.    | ANNA LISA A. BAKER                   | 256 CLARK ST.                                     | N. FT. MYERS, FL 33903 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

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

Date

Daytime Phone #

ANNA LISA BAKER 7/14/04 (239) 995-0317

**Kikka Corp Of Southwest Florida, Inc.  
256 Clark St,  
North Fort Myers, FL.33903**

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O BOX 6327  
Tallahassee, FL. 32314**

**July 16, 2004**

**To Whom It May Concerned;**

**Greeting!**

**We at the Kikka Corp Of Southwest Florida, Inc. never recieved a notice of "annual report". or anything of that nature. We are still located at 256 clark St, North Fort Myers, FL. 33903, so I'm sure we should have seen it.**

**With this information we hope you will consider waiving our reinstatement fee.  
Herein includes \$300.00 as advice by Mr. Grace.**

**Thank you so much.**

**Sincerely,**



**William L.J. Baker  
Registered Agent**