

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUL 25 PM 3:25

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # PG2000 108199

1. Corporation Name

GK & Associates Consulting Inc.

2. Principal Office Address

470 Rubens Drive E.

Suite, Apt. #, etc.

City & State

Nokomis, FL

Zip 34275

Country

USA

3. Mailing Office Address

470 Rubens Drive E.

Suite, Apt. #, etc.

City & State

Nokomis, FL

Zip

34275

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/14/02

5. FEI Number

48-1278332

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

Kimeth W. Gardner

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

470 Rubens Drive East

Suite, Apt. #, Etc.

City

Nokomis

State

FL

Zip Code

34275

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

Kimeth W. Gardner

Date

7/21/05

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>P.</u>	<u>Bret L. Kelly</u>	<u>470 Rubens Drive E.</u>	<u>Nokomis, FL 34275</u>

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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:

Bret L. Kelly

Bret L. Kelly

7/21/05

248-310-2091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #