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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JAN 14 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000120050

1. Corporation Name

RKPN, Inc.

9832 Owl Clover Street
9832 Owl Clover Street

2. Principal Office Address

9832 Owl Clover Street

3. Mailing Office Address

9832 Owl Clover Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip
33919

Country
USA

Zip
33919

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida 11/08/02**

5. FEI Number
80-0061806

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

1-14-04 90011 037 #150.00
03-05

7. Name and Address of Current Registered Agent

Name
Dan Nudyk

Street Address (P.O. Box Number is Not Acceptable)
9832 Owl Clover Street

Suite, Apt. #, Etc.

City
Fort Myers

State
FL

Zip Code
33919

REINSTATEMENT

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

[Signature]

Date *1-7-05*

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
D	Paul A Nudyk	181 Olive Avenue	Toronto, Ontario, Canada

200045104162
01/20/05--01039--001 **150.00

200045104162
01/20/05--01039--002 **150.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-05 239-481-1245

CR2E081 (01/04)

2012

Kevin M. Burns & Associates, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

4507 S.E. 16th Place

Cape Coral, FL 33904

Telephone (239) 542-1976 * Fax (239) 542-1815

January 7, 2005

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

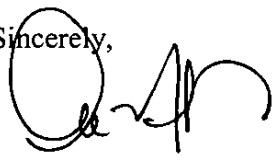
RE: RKPN, Inc.
Document # P02000120050

Dear Sir or Madam:

I am writing on behalf of the above-referenced taxpayer in conjunction with the filing of the attached Corporation Reinstatement Report. While the corporation was administratively dissolved, we are requesting that it be reinstated with the payment of the \$150 required for its Uniform Business Reports for 2004 and 2005. In discussing the matter with your office, I was informed that the 2003 UBR was returned to the taxpayer requesting an additional signature as well as the \$150 fee for the 2004 report. The taxpayer did not receive this returned documentation.

You will note that the Corporation's address has changed, thus the reason that the reports were not received. He has asked me to request that you abate the applicable penalties. Please find enclosed the Corporation Reinstatement and two checks for \$150 for the 2004 and 2005 reports.

Thank you very much for your assistance in resolving this matter. If I can provide any further information, please do not hesitate to call.

Sincerely,


Dee Nelson
Accountant

Enclosures