2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000085203

Entity Name: LKL INTERNATIONAL INC.

() Delete

Title:

Name:

Address:

City-St-Zip:

SEC

LOYD, PATRICIA A

466 LAKE DAISY DRIVE

WINTER HAVEN, FL 33884

FILED Oct 13, 2004 Secretary of State

Littly Nan	ie. LKLINIER	RNATIONAL INC.						
Current Principal Place of Business:				New Principal Place of Business:				
2408 AVENUE 'B' NW SUITE 1 WINTER HAVEN, FL 33881				5109 FAIRFAX DRIVE SUITE 1 LAKELAND, FL 33813				
Current Mailing Address:				New Mailing Address:				
2408 AVENUE 'B' NW SUITE 1 WINTER HAVEN, FL 33881				5109 FAIRFAX DRIVE SUITE 1 LAKELAND, FL 33813				
FEI Number:	El Number: FEI Number Applied For (X)		FEI Nun	FEI Number Not Applicable ()		Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
2408 ÄVEN WINTER H.	AVEN, FL 338 named entity si	81 US ubmits this statement for th	e purpose o	f changing it	s registered o	ffice or reç	gistered age	∍nt, or both,
SIGNATURE: Electronic Signature of Registered Agent				 Date				
Election Cam	e with s. 607.193	(2)(b), F.S., the corporation did Trust Fund Contribution ().	-	•				DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	LOYD, GERALD 2408 AVENUE 'B WINTER HAVEN	' NW , FL 33881 Delete G JR. NUE		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	LOYD, GERALI 5109 FAIRFAX LAKELAND, FL	DRIVE	,	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SEC

LOYD, PATRICIA A

2408 AVENUE B NW

WINTER HAVEN, FL 33881

SIGNATURE: GERALD G. LOYD, SR. P 10/13/2004

(X) Change () Addition