

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 13 AM 10:28

SECRET  
FBI/DOJ

DOCUMENT # P03000113657

1. Corporation Name

A & K Developers, Corp.  
(and)

2. Principal Office Address

4573 Avocado Blvd.

Suite, Apt. #, etc.

City & State

West Palm Bch, FL

Zip

33411

Country

USA

3. Mailing Office Address

4573 Avocado Blvd.

Suite, Apt. #, etc.

City & State

West Palm Bch, FL

Zip

33411

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

10-5-05

5. FEI Number

65-0850865

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

Deanna West

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

4573 Avocado Blvd.

Suite, Apt. #, Etc.

NA

City

West Palm Beach

State

FL

Zip Code

33411

10/13/05--01064--007 \*\*908.5

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

*John West*

Date 10-5-05

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
Pd	Terry J. West	4573 Avocado Blvd.	West Palm Beach, FL 33411
S	Terry J. West	4573 Avocado Blvd.	West Palm Beach, FL 33411

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:

*Terry West*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-5-05 (561) 248-9441  
Date Daytime Phone #