

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 19 PM 2: 50

DOCUMENT # P04000053141  
1. Corporation Name BURKE & SON, INC.

2. Principal Office Address 601 BIRGHAM PL  
3. Mailing Office Address 601 BIRGHAM PL

Suite, Apt. #, etc.

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City & State  
lake MARY FL

City & State  
lake MARY FL

Zip 32746 Country Seminole

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4. Date Incorporated or Qualified  
To Do Business in Florida MARCH, 25, 2004

5. FEI Number 412131248

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 SCOTT. T. BURKE SR.

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

Suite, Apt. #, Etc.

300060773553  
10/19/05--01050--012 \*\*150.00

City lake Mary FL

State FL Zip Code 32746

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 Scott T. Burke Sr.  
REGISTERED AGENT MUST SIGN

Date 10, 12, 05

**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>PTS</u>	<u>SCOTT. T. BURKE SR.</u>	<u>601 BIRGHAM PL</u>	<u>lake Mary FL 32746</u>

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:

Scott T. Burke Sr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10, 12, 2005 (03) 786-9674  
Date Daytime Phone #

MR. Shawn Toner.

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My name is Scott Burke my corporation name  
is BURKE & Son, Inc. Docket number is P04000053141  
My former Address was 13703 Country crt. Drive  
Tampa FL 32625  
I moved my Family, and business to Lake Mary FL.  
And did not receive a notice of 2005 Annual Report  
Since this is my first year in business this  
Report was not familiar to me And I apologize

My new Address is as follows.  
Scott Burke  
601 BIRGHAM PL  
Lake Mary FL 32746

I have completed the Required Reinstatement form  
with all up dated changes. And an enclosed check  
for the Annual \$150<sup>00</sup> fee. Since the business is  
not turning a profit as of now, I am hoping it will  
all work out. I hope this letter of explanation  
will be satisfactory, And in good fate, Since the  
\$7.50 Required is not possible At this time, I thank  
you for your time, and Any Help you could give me.

Yours truly

Scott T. Burke Jr.

BURKE & Son Inc.  
601 BIRGHAM PL  
Lake Mary FL 32746