

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 27 AM 10:15

DOCUMENT # P06000133920

1. Corporation Name

LCK + Associates, Inc

600178075086
04/27/10--01026--009 **\$600.00

KS

2. Principal Office Address - No P.O. Box #

5401 S. Kirkman Rd

Suite, Apt. #, etc.

Suite 310

City & State

Orlando, Florida

Zip

32819

Country

US

3. Mailing Office Address

5401 S. Kirkman Rd

Suite, Apt. #, etc.

Suite 310

City & State

Orl. FL

Zip

32819

Country

US

REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/2006

5. FEI Number

20-8345088

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

Keith Colley

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

5401 S. Kirkman Rd

Suite, Apt. #, Etc.

Suite 310

City

Orlando

State

FL

Zip Code

32819

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Keith Colley

REGISTERED AGENT MUST SIGN

Date *4-26-2010*

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
P	Keith Colley	5401 S. Kirkman Rd Suite 310	Orlando, FL 32819

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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: *Keith Colley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2010

Date

Daytime Phone # *407-371-1079*