

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P12000040826

1. Corporation Name

B+K management group, inc

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

1990 Main Street

3. Mailing Office Address

1990 Main Street

Suite, Apt. #, etc.

750

Suite, Apt. #, etc.

750

City & State

Sarasota

City & State

Sarasota FL

Zip

34236

Country

USA

Zip

34236

Country

USA

000356253840  
12/09/20--01003--003 \*\*1335.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5/01/2012

5. FEI Number

455194218

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

Kennic King

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

1990 Main Street

Suite, Apt. #, Etc.

750

City

Sarasota

State

FL

Zip Code

34236

**REINSTATEMENT** 10

2013-2020

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]

REGISTERED AGENT MUST SIGN

Date 12-2-20

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>D</u>	<u>Kennic King</u>	<u>2701 Nursery Road</u> <u>(Home Address)</u>	<u>Lake Wales FL 33859</u>

10. E-mail Address: BKmanagementgroup@gmail.com BKmanagement12@gmail.com  
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-20 863-255-1588

Date

Daytime Phone #