## \* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FORDA DEPARTMENT OF STATE Secretary of State DVISION OF COMPORATIONS  THE D TH		-							1				110
TALLAHASSEE, FLORIDA  1. Corporation Name  L.K.W. INVESTMENT CO. IIII, INC.  2. Principal Office Address 5331 BOWLINE BEND  3. Mailing Office Address 5331 BOWLINE BEND  Suite, Apt. 4 off.  3. Mailing Office Address 5331 BOWLINE BEND  Suite, Apt. 4 off.  Suite, Apt. 4 off.  Suite, Apt. 4 off.  Suite, Apt. 4 off.  3. Mailing Office Address 5331 BOWLINE BEND  Suite, Apt. 4 off.  Suite, Apt. 4 off.  Suite, Apt. 4 off.  3. Mailing Office Address 5331 BOWLINE BEND  Suite, Apt. 4 off.  Suite, Apt. 4 off.  Suite, Apt. 4 off.  3. Mailing Office Address 5331 BOWLINE BEND  Suite, Apt. 4 off.  Suite, Apt. 4 off.  Suite Suite  The Suite Suit	REINSTATEMENT Secretary of S							ATE	07			2: 59	, ,
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Suite, Apr. #, etc.  Suite, Apr. #, etc.  4. Date Incorporated or Qualified (%) 30/1993  City & State NEW PORT RICHEY, FL  34652  Country  7. Name and Address of Current Registered Agent  D'ANIEL J. GESSNER  Suite, Apr. #, Etc.  NEW PORT RICHEY  7. Name and Address of Current Registered Agent  D'ANIEL J. GESSNER  Suite, Apr. #, Etc.  NEW PORT RICHEY  8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607,0503 or 617,0503, F.S.  Signature of Registered Addresses of Each Officer and/or Director (Portda nonprofit corporations must list at least 3 directors)  Titles  Officer and/or Directors  Officer and/or Directors  Officer and/or Directors  Name of Officer and/or Director (Portda nonprofit corporations must list at least 3 directors)  Titles  Officer and/or Directors  Officer and/or Directors  Name of Officer and/or Directors  Officer and/or Directors  Name of Officer	2. Principal Office Address 5331 BOWLINE BEND 53					3. Mailing Office Address 5331 BOWLINE BEND			] Rein	ST		MEN	
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34652  7. Name and Address of Current Registered Agent  DMANIEL J. GESSNER  System BOWN IN The BENDER BENDER  Suite, Apt. #, Etc.  NEW PORT RICHEY  8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Directors  Officer and/or Directors  Officer and/or Directors  Officer and/or Directors  Name of Officer and/or Director Bown Intelligence of Status  P.S.T DANIEL J. GESSNER  S331 BOWLINE BENDNEW PORT RICHEY, FL 34652  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 ministatement application, the reason for discolution has been eliminated, the comporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all lines over the properties of the comporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all lines over the properties of the comporate name actification on this application is true and accurate, and my signature shall have the same legal effect as if made under coath.  SIGNATURE:	City & State NEW PORT RICHEY, FL			NEW PORT RICHEY, FL			FL						
State BOW2 INTER BENDON  Suite, Apr. #, Etc.  NEW PORT RICHEY  State BOW2 INTER BENDON  Suite, Apr. #, Etc.  NEW PORT RICHEY  State BOW2	<sup>Zip</sup> 34652	2	Countr	y	<sup>Zip</sup> 34652		Country			OF STATU	IS DESIRED		
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Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

RE: Reinstatement of L.K.W. Investment Co. IIII, Inc.

Gentleman,

I never received the annual report notices for L.K.W. Investment Co. IIII, Inc. As a result of this I ask that you waive the reinstatement fee. Please accept my check in the amount of \$450.00 which represents the annual report and supplemental fees for the years 2004 through 2006. Thank you for your help in this matter.

Sincerely,

Daniel J. Gessner