

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 12 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000023735**

1. Corporation Name

L.K.W. INVESTMENT CO. III, INC.

100085641131
01/23/07--01005--018 **450.00

2. Principal Office Address

5331 BOWLINE BEND

3. Mailing Office Address

5331 BOWLINE BEND

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

Zip

34652

Country

Zip

34652

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1993

5. EEL Number

59-3177225

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
DANIEL J. GESSNER

Street Address (P.O. Box Number is Not Acceptable)
5331 BOWLINE BEND

Suite, Apt. #, Etc.

City
NEW PORT RICHEY

State
FL

Zip Code
34652

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

Date **1-20-06**

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
P,S,T	DANIEL J. GESSNER	5331 BOWLINE BEND NEW PORT RICHEY, FL 34652	NEW 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 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-06 813-988-347

K. Eckel JAN 17 2007

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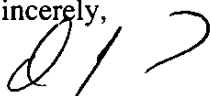
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

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

Gentleman,

I never received the annual report notices for L.K.W. Investment Co. III, 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