

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 16 PM 5:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066912

**1. Corporation Name**

G N K Development, Inc.

**2. Principal Office Address**

412 50th Ave. South

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33705

Country

U.S.

**3. Mailing Office Address**

412 50th Ave. South

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33705

Country

U.S.

700030560697

03/16/04--01049--018 \*\*1208.75

REINSTATEMENT

07-04

**4. Date Incorporated or Qualified  
To Do Business in Florida** 09/20/1993

**5. FEI Number**  
593211622

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 Wall

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

412 50th Ave. South

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33705

**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 Wall*  
REGISTERED AGENT MUST SIGN

Date March 11, 2004

**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	Keith Wall	412 50th Ave. South	St. Petersburg, FL 33705

**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:

*Keith Wall* Keith WALL

March 11, 2004

850-305-4043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E03 (01/04)

18