

P94000007915

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 21 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000007915

1. Corporation Name

CKC Corp.

2. Principal Office Address

1200 N. Federal Hwy.

Suite, Apt. #, etc.

Suite 420

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Office Address

1200 N. Federal Hwy.

Suite, Apt. #, etc.

Suite 420

City & State

Boca Raton, FL

Zip

33432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/20/94

5. FEI Number

650462412

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

John J. Raymond, Jr., Esquire

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

Butzel Long, 1200 N. Federal Highway.

Suite, Apt. #, Etc.

Suite 420

City

Boca Raton

State

FL

Zip Code

33432

100039382391
07/21/04--01043--006 **1350.00

7/27/04
DL

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

John J. Raymond Jr.

Date

7/20/04

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
PD	Carolyn M. Carrano	12525 Oak Arbor Lane	Boynton Beach, FL 33436

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:

C. Carrano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/18/04

Daytime Phone #

CR2E081 (01/04)