

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 FEB 21 AM 11:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000011011**

1. Corporation Name

R.K. GROH MARKETING, INC.

Principal Place of Business

Mailing Address

**501 WHITEHEAD ST
KEY WEST FL 33040**

**501 WHITEHEAD ST
KEY WEST FL 33040**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

912 James Street

Suite, Apt. #, etc.

912 James Street

City & State

Key West, FL

City & State

Key West, FL

Zip

33040

Country

USA

Zip

33040

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1994

5. FEI Number

65-0468083

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	ORSH, RICHARD K	17126 CORAL DRX	BOCA RATON SHORES FL
P, D	NAKONECZNY, ANDRZ P	912 James Street	Key West, FL 33040
S, D	NAKONECZNA, ANNA	912 James Street	Key West, FL 33040

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02/25/97-01070-005

******915.00 ****915.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**KEY WEST LAW OFFICE, P.A.
444 WHITEHEAD ST
KEY WEST FL 33040**

Name
ANDRZ ~~P~~ NAKONECZNY

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

912 James Street

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/18/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/18/97

Daytime Phone #

CR2040 (7/96)