

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

00 AUG 30 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA4000058333

1. Corporation Name

L. P. K. Inc.

2. Principal Office Address

6900 W. 118th Ave

3. Mailing Office Address

9675 104 AVE N

Suite, Apt. #, etc.

118

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

LARGO FL

Zip

33710

Country

USA

Zip

33773

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/94

5. FEI Number

59-3267913

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

LOUIS KARAMANOS

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

9675 104 AVE N

Suite, Apt. #, Etc.

City

LARGO

State  
FL

Zip Code

33773

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

Louis Karamanos

Date

5/14/00

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
<u>VP</u>	<u>Pamela KARAMANOS</u>	<u>9675 104 AVE N</u>	<u>LARGO, FL 33773</u>
<u>P</u>	<u>LOUIS KARAMANOS</u>	<u>9675 104 AVE N</u>	<u>LARGO FL 33773</u>

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:

Louis Karamanos LOUIS KARAMANOS

Date

6/12/00 (727) 3937009

Daytime Phone #