

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 31 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 994000076736

1. Corporation Name

PK Investment, Co., Inc

2. Principal Office Address

106 Hancock Bridge

Suite, Apt. #, etc.

Unit D15-543

City & State

Cape Coral, FL

Zip

33991

Country

USA

3. Mailing Office Address

650 Madison Av

Suite, Apt. #, etc.

15th Floor

City & State

NY, NY

Zip

NY, 10022

Country

USA

REINSTATEMENT 04-06

4. Date Incorporated or Qualified
To Do Business in Florida

3/4/1996

5. FEI Number

650536292

☒ 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

Paul C Karavos

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

106 Hancock Bridge

Suite, Apt. #, Etc.

Unit D15-543

City

Cape Coral

State

FL

Zip Code

33991

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/11/06

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
D	Paul C Karavos	650 Madison Av. 15th Floor	NY, NY 10022

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/06

Date

212-796-8187

Daytime Phone #

B. Mitchell JUN 8 2006