

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 MAR 11 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083472 (8)

1. Corporation Name

A. G. K. S., Inc.

Principal Place of Business

Mailing Address

3320-24 WEST MOORE RD. 3133 Honey moon Lane
HOLIDAY, FL. 34691 HOLIDAY, FL. 34691

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

4. Date Incorporated or Qualified
To Do Business in Florida

11-15-94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

54-3278872

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	DONALD G. SUTER	41 NORTH RD, WAYNE N.J. 07470	WAYNE, NJ. 07470
VP	DONALD SUTER	3133 HONEYMOON LANE	HOLIDAY, FL. 34691
			700002456917---3 -03/13/98--01088--003 ***900.00 ***900.00
			REINSTATEMENT 97-98
			A. Alan 3/11/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DONALD SUTER
3133 HONEYMOON LANE
HOLIDAY, FL. 34691

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3-6-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD SUTER, VP.

2/18/98
Date

813-847-2922
Daytime Phone #

813-845-5402