

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR -7 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000021206**

1. Corporation Name **GKC INC.**

2. Principal Office Address
101 HAMMOCK RD.

Suite, Apt. #, etc.

City & State
INGLIS FLA

Zip **34449** Country **USA**

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida **3/21/95**

5. FEI Number
59-3413434

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 **KEVIN K. DIXON**

Street Address (P.O. Box Number is Not Acceptable)
151 EAST HIGHLAND BLVD.

Suite, Apt. #, Etc.

City **INVERNESS**

State **FL** Zip Code **34451-1300**

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

Date

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
PRES	GARY J. MOSHER	101 HAMMOCK RD.	INGLIS FLA 34449
V.PRES	CHRISTOPHER MOSHER	1669 S. PRESOTT AVE	CLEARWATER FLA 33756
SEC	ELLEN K MOSHER	101 HAMMOCK RD	INGLIS FLA 34449

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05/11/05 01045 005 *4300.00

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:

Gary J. Mosher President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/05

Daytime Phone #

CR2E081 (10/02)

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To Whom it may concern.

I apologize for not filing on time

but, I didn't receive notice that

I had to, I request that you
waive the ~~reinstatement~~ fees, as I didn't

realize it was time to file.

Thank You for your consideration in

this matter

Harry J. Mosler,
President GKE INC.