

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031892

1. Corporation Name

S&K Management Services, Inc.

2. Principal Office Address - No P.O. Box #

361 NW 108 Ave

Suite, Apt. #, etc

City & State

Plantation, FL

Zip

33324

Country

USA

3. Mailing Office Address

361 NW 108 Ave

Suite, Apt. #, etc

City & State

Plantation, FL

Zip

33324

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1995

5. FEI Number
65-0578655

☐ 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

Richard Schiano

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

361 NW 108 Ave

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

REGISTERED AGENT MUST SIGN

Date

7-14-2010

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
P	Kovacs, George	55 NW 1st St., Suite 1	Miami, FL 33132
VP	Schiano, Mary L.	361 NW 108th Ave.	Plantation, FL 33324
D	Schiano, Richard	361 NW 108th Ave.	Plantation, FL 33324

10. E-mail Address: **raschiano@aol.com**

(To be used for future annual report notification)

11. 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. I further certify, 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

06-24-2010 954-298-3435

Daytime Phone #

FILED

2010 JUL 19 P 3: 53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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