

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

1997 APR 24 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000073641

1. Corporation Name

VKP Inc.

Principal Place of Business Mailing Address
Florida Crab Co. Restaurant
10200 W. Halls River Rd.
Homosassa Fl 34448

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
				59-3335992	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
P	Vonda Pettit	4618 W Custer Dr	Beverly Hills Fl 34465

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-04/25/97--01110--014
*****923.75 *****923.75

REINSTATEMENT

4/24/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Vonda Pettit
4618 W Custer Dr.
Beverly Hills Fl 34465

Name Beryle Valerino
Street Address (P.O. Box Number is Not Acceptable)
10115 W Pamondeho Circle
Suite, Apt. #, Etc.
City Crystal River State FL Zip Code 34428

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

Beryle Valerino

REGISTERED AGENT MUST SIGN

Date

4/24/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Beryle Valerino *Beryle Valerino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/97

Daytime Phone #

(352) 621-7522

CPRE040 (12/96)