

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 AUG -7 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000084216

1. Corporation Name

Karl M. Reik Construction, Inc.

2. Principal Office Address

2498 Tropical Way Ct.  
Suite, Apt. #, etc.

City & State

Sanibel, Florida

Zip

33957

Country

USA

3. Mailing Office Address

2498 Tropical Way Ct.  
Suite, Apt. #, etc.

City & State

Sanibel, Florida

Zip

33957

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11-02-95

5. FEI Number

611291436

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

~~08/07/03--01041--001 \*\*908.75~~

~~REINSTATEMENT~~

02-03

800022129698

08/07/03--01041--001 \*\*908.75

7. Name and Address of Current Registered Agent

Name

Stephen L. Perrone

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

4325 Woodland Park Drive

Suite, Apt. #, Etc.

Suite 104

City

W. Melbourne

State

FL

Zip Code

32904

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 8-5-03

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/P	Karl M. Reik	2498 Tropical Way Ct.	Sanibel, FL, 33957
S	Lucie Georgi	Suite 104 4325 Woodland Park Dr.	W. Melbourne, FL 32904

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: Lucie Georgi Lucie Georgi

8-5-03

321-727-3077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)