PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P91. MAR = 15117

02 MAY -1 AM 8: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name

LKLB OF FLORIDA, INC.

		1 101	10000054447					
2. Principal Office Addr 1400 Estei		1	3. Mailing Office Address Same					
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.					
City & State Fort Myers	Beach, F	City & State		_				
^{Zip} 33931	Country US	Zip	Country	_				

REIN	STAT	N	01

4. Date Incorporated or Qualified 6/27/96 To Do Business in Florida

5. FEI Number

Applied For Not Applicable

CR2E081 (9/01

CERTIFICATE OF STATUS DESIRED .

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Ag	ddress of Current Registered Ager	٦t
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Michael R. Whitt, Esquire

Street Address (P.O. Box Number is Not Acceptable) 13515 Bell Tower Drive, Suite 101

Suite, Apt. #, Etc.

City

Fort Myers, FL

State Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with an ecept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

33907

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
PD	Conidaris, Robert	1400 Estero Blvd.	Fort Myers Beach, FL 33931
s^	Conidaris, Grace	1400 Estero Blvd.	Fort Myers Beach, FL
		· · · · · · · · · · · · · · · · · · ·	33331
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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:

SIGNATURE AND TYPED OR PRINTED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION STATEME				Katherin Secretary	TMENT OF S ne Harris y of State orporations	STATE							
DOCU	JMENT ation Name	#				•	-							
ľ	NI KAI SOCIAT		Y AND BE	ACH CO	NDOMIN	IIUM								
2. Principal Office Address 1401 Estero Blvd.			1	3. Mailing Office Address										
Suite, Apt. #	¥, etc.			Suite, Apt. #	f, etc.			4. Date Incor		Qualified	17/0/			1
City & State		Bea	ach, FL	City & State	+			To Do Business in Florida 1/17/84 5. FEI Number				Appl	pplied For	1
Zip 33931		Country		Zip		Country		59512 6. CERTIFICAT		S DESIRED 🔲	\$8.75 Add	ditional F	Applicable ee required of Status	
				7.	Name and A	ddress of Curren	t Registere	ed Agent						
	Name Mi	chae	el R. Wh	itt, Es	squire	•								
	Street Address (P.O. Box Number is Not Acceptable) 13515 Bell Tower Drive, Suite 101 Suite, Apt. #, Etc.													
	City F	ort	Myers						State	Zip Code 33907				
8. I, being Signature of Registered	f	۱ ،	ed agent of the abo	l R	oration, am fa	tua	cept the ob	ligations of secti	ion 607.050	5 or 617.0503,	, F.S.	2		CR2E081 (9/01)
9. Names	and Street Add	Iresses	of Each Officer and	d/or Director (F	lorida nonproi	fit corporations mu	ıst list at lea	ast 3 directors)	T :					
Titles			Name of s and/or Directors	******		Street Addre Officer and/				City /	State / Zip			1
PD	Conida	aris	s, Rober	t 	1401	Estero	Blvd		Fort	Myers	, FL	339	31	
s (Conidái	is,	Grace		1401	Estero	Blvd		Fort	Myers	, FL	339	31	
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						<u>.</u>								
this rein	nstatement app by the corporation	lication, on have	director or the rece the reason for diss been paid and the accurate, and my s	olution has bee names of indivi	en eliminated, iduals listed o	the corporate nament this form do not the	ne satisfies to a	the requirements n exemption und	of section	607.0401 or 61	17.0401, É.	S., that a	Il fees	
			(D	1			_						