

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000074261					
1. Entity Name B.K. CORPORATION					
Principal Place of Business 3125 9TH STREET NORTH ST. PETERSBURG, FL 33704-2036			Mailing Address 3125 9TH STREET NORTH ST. PETERSBURG, FL 33704-2036		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0708436	
5. Certificate of Status Desired				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VALZ, JOSEPH F 710 94TH AVE NO #302 SAINT PETERSBURG, FL 33702				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 10-11-25 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KITIRATANASUMPUN, PIBOON 918 52ND AVE. NORTH ST. PETERSBURG, FL 33703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	70008063323 10/14/05--01071--003 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KITIRATANASUMPUN, KANCHANA 256 44TH AVE NE. SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 10/5/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

05 OCT 14 PM 3:17

SECRET
TALLAHASSEE, FLORIDA



10062005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0708436

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALZ, JOSEPH F
710 94TH AVE NO #302
SAINT PETERSBURG, FL 33702

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

FL Zip Code

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FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY-ST-ZIP
P
KITIRATANASUMPUN, PIBOON
918 52ND AVE. NORTH
ST. PETERSBURG, FL 33703

☐ Delete

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CITY-ST-ZIP
70008063323
10/14/05--01071--003 **150.00

☐ Change ☐ Addition

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SAINT PETERSBURG, FL 33703

☐ Delete

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☐ Change ☐ Addition

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SIGNATURE: 10/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Professional Financial Services & Associates, Inc.



710 - 94th Avenue North / Suite 302 / St. Petersburg, FL 33702
(727) 577-9602 / Fax (727) 577-6413 / Toll Free 1-888-810-3899
Email: Joe_Valz@yahoo.com

October 11, 2005

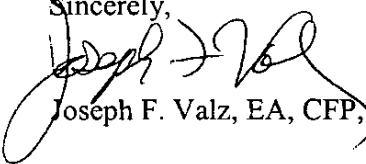
Florida Dept. of State
Divisions of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: B.K. Corporation
Document #P96000074261

My client did not receive the original renewal notice and due to that fact I would like to request that you renew the corporation at the normal price of \$150.00. (check enclosed). I am enclosing a completed "Reinstatement" form.

Thank you.

Sincerely,



Joseph F. Valz, EA, CFP, CPBC

Enclosure