

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2022 NOV -8 PM 2:51

DOCUMENT # P97000006296

1. Corporation Name

W.K.G., INC.

2. Principal Office Address - No P.O. Box #  
1801 South Dixie Highway

3. Mailing Office Address  
1801 South Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
West Palm Beach, Florida

City & State  
West palm Beach, Florida

Zip  
33406

Country

Zip  
33406

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 01/22/1997

5. FEI Number  
65-0732558

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
David C. Self, II

Street Address (P.O. Box Number is Not Acceptable)  
2994 Raymond Diehl Road

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32309

*A Butler*

2700.00

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

*David C. Self, II*

REGISTERED AGENT MUST SIGN

Date 11/08/2022

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	WALEED GHUMRAWI	8395 Waterway Drive	West Palm Beach, Florida 33406
D	SAMIRA GHUMRAWI	8395 Waterway Dr.	West Palm Beach, Florida 33406

10. E-mail Address: dcsself2@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Waleed Ghumrawi* /s/ Waleed Ghumrawi

November 7, 2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #