

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99-000035852  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
James H. Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 997000035852

1. Corporation Name

G & K Inc.

2. Principal Office Address

8249 Siquita Dr NE

Suite, Apt. #, etc.

City & State

St. Pete.

Zip

33702

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Fl.

Zip

33702

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

1997

5. FEI Number

59-3463969

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Virginia P Sheridan

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

8249 Siquita Dr. N.E.

Suite, Apt. #, Etc.

City

St. Pete

State

FL

Zip Code

33702

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

Virginia Sheridan  
REGISTERED AGENT MUST SIGN

Date 7-20-00

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
Pres.	Virginia Sheridan	8249 Siquita N.	St. Pete., Fl. 33702
V. Pres.	Kenneth H. Keefe	7919 3rd Ave S.	St. Pete., Fl. 33707
Sec.	Hildegarde Keefe	7064 So. Shore Dr So.	So. Pasadena, Fl 33707
		99-00 UBR	

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:

Virginia Sheridan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/00

Date

727-521-2949

Daytime Phone #

CR2E081 (9/99)