

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 24 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

GAKCO, INC.

Doc# P97000054148

2. Principal Office Address

1350 CARTER RD

Suite, Apt. #, etc.

City & State

Deland, FL

Zip

32724

Country

Volusia

3. Mailing Office Address

1350 CARTER RD

Suite, Apt. #, etc.

City & State

Deland, FL

Zip

32724

Country

Volusia

4. Date Incorporated or Qualified  
To Do Business in Florida

6-19-1997

5. FEI Number

65-0792132

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

William D. Ingram

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

11120 So. EAST Federal Hwy

Suite, Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33455

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

William D. Ingram

REGISTERED AGENT MUST SIGN

Date 4/21/03

**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
P	Greg Deggeller	1350 CARTER RD Deland, FL 32724	
S	Kelly Deggeller	1350 CARTER RD	Deland, FL 32724

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:

Kelly A. Deggeller Kelly A. Deggeller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

386-738-1291

Daytime Phone #

CR2E081 (10/02)

**SAKCO, INC.**

1350 CARTER RD.  
DELAND, FLORIDA 32724

Phone 386-738-1291

April 09, 2003

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam,

I'm am requesting that the reinstatement fee for my company be waived. I did not receive the uniform business report in the mail as I have in the past. I called and spoke to someone in your division this morning. I was informed that my notice was in fact returned to your office. There was a change in our address and a forwarding order on the PO Box. However this item was still returned to your office. Please consider my request and I am enclosing my application and the \$300.00 I was instructed to pay.

Sincerely,

  
Kelly Deggeller