

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 19 AM 9:17

DOCUMENT # **P98000008961**

1. Corporation Name

RKC Enterprises, Inc

900003330079--0
-07/20/00--01077--019
****358.75 ****358.75

2. Principal Office Address

314 North Omaha St

Suite, Apt. #, etc.

City & State

Lake Hamilton, FL

Zip Country

33851 POIK

3. Mailing Office Address

P.O. Box 39

Suite, Apt. #, etc.

City & State

Lake Hamilton, FL

Zip Country

33851-0039 POIK

REINSTATEMENT 99-00

06-04-99 90010 009 \$550.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

**1-23-98
5-26-98**

5. FEI Number

59-3499358

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

Patrick Sheil

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

313 Security Square

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33880

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **6/16/2000**

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	Carl E. Kocher	314 No. Omaha St	Lake Hamilton, FL 33851
V. Pres	Regina T. Kocher	314 No. Omaha St	Lake Hamilton, FL 33851

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carl E. Kocher

6-16-00

Date

Daytime Phone #

**863
439-1986**