

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT -7 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT: P98000009580

1. Corporation Name

R&K HOMES AND CONSTRUCTION
INC.

2. Principal Office Address

1722 RACHELS RIDGE LOOP

Suite, Apt. #, etc.

City & State

OCOCHEE FL

Zip

34761

Country

U.S.A.

3. Mailing Office Address

1722 RACHELS RIDGE LOOP

Suite, Apt. #, etc.

City & State

OCOCHEE FL

Zip

34761

Country

U.S.A.

REINSTATEMENT 99-02

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

JAN 30 1998

5. FEI Number

59 3489819

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

RUPA NARINE

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

1722 RACHELS RIDGE LOOP, #

Suite, Apt. #, Etc.

City

OCOCHEE, FL

State

FL

Zip Code

34761

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

Rupa Narine

REGISTERED AGENT MUST SIGN

Date 09/26/02

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	ONGKAR NARINE	1722 RACHELS RIDGE LOOP	OCOCHEE FL 34761
V-PRES	BISSOONDAR NARINE	"	"
SEC	BISSOONDAR NARINE	"	"
TRES	ONGKAR NARINE	"	"

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:

ONGKAR NARINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/26/02
Date

(407) 928 0275
(407) 578 7922
Daytime Phone #

CR2E081 (9/01)