

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 16 PM 2:34

DOCUMENT # **P9800074807**

1. Corporation Name

R.K. Engineering, Inc

SECRETARY OF STATE
REINSTATEMENT 01-05

300059786293

09/20/05--01040--010 **1350.00

CR2E081 (8/05)

2. Principal Office Address

7777 N. Wickham Rd

3. Mailing Office Address

7777 N. Wickham Rd.

Suite, Apt. #, etc.

Suite 12-125

Suite, Apt. #, etc.

Suite 12-125

City & State

Melbourne, Fl

City & State

Melbourne, Fl.

Zip

32940

Country

USA

Zip

32940

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-24-98

5. FEI Number

☒ 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

Richard Kern

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

7777 N. Wickham Rd.

Suite, Apt. #, Etc.

Suite 12-125

City

Melbourne,

State
FL

Zip Code

32940

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

Date **9-8-05**

REGISTERED AGENT MUST SIGN

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	Richard Kern	7777 N. Wickham Rd. #12-125	Melbourne, Fl 32940

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-8-05

Daytime Phone #

805 916