

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 10 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000107567

1. Corporation Name

Reiker Enterprise of Northwest  
Florida, Inc.

2. Principal Office Address

c/o Pass + Seymour

Suite, Apt. #, etc.

50 Boyd Ave

City & State

Syracuse, N.Y.

Zip

13209

Country

USA

3. Mailing Office Address

c/o Pass + Seymour

Suite, Apt. #, etc.

50 Boyd Ave.

City & State

Syracuse, N.Y.

Zip

13209

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/29/98

5. FEI Number

59-3559455

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

*K.A. S.*

Kevin A. Seknia, Asst. Sec.

Date 6-3-03

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
President	Michael Gambino	50 Boyd Ave	Syracuse, N.Y. 13209
Secretary	Douglas Bottego	50 Boyd Ave	Syracuse, N.Y. 13209

**REINSTATEMENT**

00-03

600020752366  
06/10/03--01030--004 \*\*1358.75

T. Lewis 6/13/03

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: *K.A. S.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/29/03

Daytime Phone #

(315) 468-8218

CR2E081 (10/02)