

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04

**APPLICATION FOR REINSTATEMENT**



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

FILED

00 NOV 14 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900003511199--7  
-12/22/00--01020--006  
\*\*\*\*750.00 \*\*\*\*750.00



**REINSTATEMENT 2000**

DOCUMENT # **P99000053080**

1. Corporation Name

**PKI NUTRITION, INC.**

Principal Place of Business

15431 FLIGHT PATH DRIVE  
BROOKSVILLE FL 34609

Mailing Address

15431 FLIGHT PATH DRIVE  
BROOKSVILLE FL 34609

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/11/1999

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PO	RECKNER, CHRISTOPHER K	15431 FLIGHT PATH DRIVE	BROOKSVILLE FL 34609
VO	IRVING, THEODORE C	15431 FLIGHT PATH DRIVE	BROOKSVILLE FL 34609

8. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~  
~~343 ALMERIA AVENUE~~  
~~CORAL GABLES FL 33134~~

9. Name and Address of New Registered Agent

Name  
**THE HOGAN LAW FIRM, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**20 SOUTH BROAD STREET**  
State, Apt. #, Etc.  
City  
**BROOKSVILLE,** State **FL** Zip Code **34601**

CR 2204-1 (0-00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Thomas S. Hogan, Jr.* (Date) 11/10/00  
REGISTERED AGENT MUST SIGN **THOMAS S. HOGAN, JR.**

11. 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 *Christopher K. Reckner* **Christopher K. Reckner** 11-10-00 352-797-9600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #