

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN -3 PM 6:24

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 999000086558

1. Corporation Name

BK & BK Inc.

800004778228--1
-01/16/02--01053--017
****900.00 ****900.00

2. Principal Office Address

422 No Atlantic Avenue

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32118

Country

United States

3. Mailing Office Address

422 No Atlantic Avenue

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32118

Country

United States

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9/29/1999

5. FEI Number

59-3601719

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

Bok T. Pai

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

422 No Atlantic Avenue

Suite, Apt. #, Etc.

City

Daytona Beach, FL

State

FL

Zip Code

32118

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

12/30/01

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.	Bok T. Pai	2 Fox Hunt Court	Huntington, NY 11743

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

12/30/01

Date

Daytime Phone #

CR2E061 (8/00)