

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000086558**

**1. Corporation Name**

BK & BK, INC.

**2. Principal Office Address**

422 N. ATLANTIC AVE.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

32118

Country

USA

**3. Mailing Office Address**

1 FLINT PLACE

Suite, Apt. #, etc.

City & State

PALM COAST, FL

Zip

32137

Country

USA

200035765332  
05/07/04--01078--009 \*\*900.00  
**REINSTATEMENT** 03-04

**4. Date Incorporated or Qualified**

To Do Business in Florida 09/29/1999

**5. FEI Number**

593601719

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

PAI, BOK T.

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

422 N. ATLANTIC AVE.

Suite, Apt. #, Etc.

City

DAYTONA BEACH,

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

X

REGISTERED AGENT MUST SIGN

Date

**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	PAI, BOK T.	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:** X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)