

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 13 PM 2:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S12826 (1)

1. Corporation Name

G K A, INC.

Principal Place of Business: 18616 Cortez Blvd. Brooksville FL 34601
Mailing Address: P.O. Box 1719 Brooksville FL 34605-1719

REINSTATEMENT

96-97
ad

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

2. New Principal Office Address, If Applicable <u>18616 Cortez Blvd.</u> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <u>P.O. Box 1719</u> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 11/13/1990	
City & State <u>Brooksville FL</u> Zip <u>34601</u> Country <u>USA</u>		City & State <u>Brooksville FL</u> Zip <u>34605</u> Country <u>USA</u>		5. FEI Number <u>59-3061552</u> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	Michael Morrongiello	1700 Lee Avenue	Brooksville FL 34601

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-06/18/97--01070--026
***915.00 ***915.00

8. Name and Address of Current Registered Agent Michael Morrongiello P.O. Box 1719 1700 Lee Avenue Brooksville FL 34601		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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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: Michael Morrongiello REGISTERED AGENT MUST SIGN Date: 4/28/1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: Michael Morrongiello SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/28/1997 (352) 796-4330 Daytime Phone #

CR2E040 (12/96)