

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 MAR 21 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V23197

1. Corporation Name

H. K. PRODUCTS, INC.

Principal Place of Business

406 FARMERS MARKET RD.  
FT. PIERCE FL 34982

Mailing Address

406 FARMERS MARKET RD.  
FT. PIERCE FL 34982

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

4. Date Incorporated or Qualified  
To Do Business In Florida

03/24/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0322557

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST T	KRAUSE, HORST L.	8805 S. INDIAN RIVER DR.	FT. PIERCE FL 34982
<del>SECRETARY</del>	<del>BECKER, HANS RICHARD</del>	<del>7710 W. BAY DR. NW</del>	<del>FT. ST. LUCIE FL 34988</del>
			0000002123390--3 -03/25/97--01047--003 ****\$15.00 ****\$15.00

REINSTATEMENT

96-97

Q. Alan

8. Name and Address of Current Registered Agent

KRAUSE, HORST L.  
406 FARMERS MARKET ROAD  
FT. PIERCE FL 34982

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Horst Krause*

REGISTERED AGENT MUST SIGN

Date

2-10-97

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:

*Horst Krause* HORST KRAUSE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-10-97

Daytime Phone #

467 1644

CR2E040 (7/95)