

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 JAN -4 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V33504**

1. Corporation Name

S. D. K. INTERNATIONAL, INC.

Principal Place of Business

~~6025 VENETIAN BLVD NE~~
ST. PETERSBURG FL 33703
US

Mailing Address

~~6025 VENETIAN BLVD NE~~
ST. PETERSBURG FL 33703
US

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

2. New Principal Office Address, If Applicable

5300 - 18 St NE

Suite, Apt. #, etc.

City & State

St Pete FL

Zip

33703

Country

Pinellas

3. New Mailing Office Address, If Applicable

5300 - 18 St NE

Suite, Apt. #, etc.

City & State

St Pete FL

Zip

33703

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1992

5. FEI Number

59-3123397

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
PT	KROPESCH, STEVEN A.	6025 VENETIAN BLVD NE 5300 - 18 St NE	ST. PETERSBURG FL
VS	KROPESCH, DIANE G.	6025 VENETIAN BLVD NE 5300 - 18 St NE	ST. PETERSBURG FL

4000003102484--3
-01/19/00--01048--002
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KROEPSCH, DIANE G.

~~6025 VENETIAN BLVD NE~~ 5300 - 18 St NE
ST. PETERSBURG FL 33703

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

Diane G. Kroepsch
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **12/30/99**

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:

Steven A. Kroepsch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-1999
Date

727-522-1648
Daytime Phone #

CR2E040 (8/99)