

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

00 NOV 20 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V47629

1. Corporation Name

L.K.W. Investment Co. II, Incorporated

2. Principal Office Address

1413 South Howard Ave

Suite, Apt. #, etc.

214

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

Same as #22

City & State

Tampa, Florida

City & State

Same as #2

Zip

33629

Country

Hillsborough

Zip

33629

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

94-3135678

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

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

BRIAN COURTNEY, ASST. V.P.

REGISTERED AGENT MUST SIGN

Date

11/20/2000

CR2E081 (9/99)

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/Sec T/D	Dan Gessner	1413 South Howard Ave. Suite 214	Tampa, FL 33629

200003470082--1

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-00

Date

813-223-7509

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 904325 81505A

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ ~~750.00~~

1650.00 per

ORDER DATE : November 20, 2000

ORDER TIME : 9:44 AM

ORDER NO. : 904325-005

CUSTOMER NO: 81505A

CUSTOMER: Sam Reiber, Esq
Linsky & Reiber
Suite 200
601 East Twigg Street
Tampa, FL 33602

Kelly Courtney
MM 11/20/00

DOMESTIC FILINGS

NAME: L.K.W. INVESTMENT CO. II, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney

EXAMINER'S INITIALS _____

RECEIVED
00 NOV 20 AM 10:43
DIVISION OF CORPORATION