

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 APR 28 AM 11:56

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TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V47629

1. Corporation Name

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

2. Principal Office Address

11301 N. 53rd Street

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33617

Country

USA

3. Mailing Office Address

11301 N. 53rd Street

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33617

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/02/1992

5. FEI Number

593135678

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

Robert Warchola

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

Shumaker, Loop & Kendrick

Suite, Apt. #, Etc.

101 East Kennedy Boulevard - Suite 2800

City

Tampa

State

FL

Zip Code

33602

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

REGISTERED AGENT MUST SIGN

Date

4/24/06

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	Dan Gessner	11301 N. 53rd Street	Tampa, FL 33617
S	Erik Gessner	11301 N. 53rd Street	Tampa, FL 33617

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 contained in Chapter 119, 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

Date

4/24/06

813-227-2275

Daytime Phone #

B. Mitchell MAY 3 2006