PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT Secretary of State EDWISION OF CORPORATIONS OF APR 28 SHII: 56 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE SUBJECT SUBJECT STATE SUBJECT SUBJECT SUBJECT STATE SUBJECT SUBJEC | , EE, (3E 1(E) | ID ALL HOT | 1.001.01.002.01.2 | grane g 1 store pres |
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| DOCUMENT # V47629 1. Corporation Name L.K.W. Investment Co. II, Incorporated 2. Principal Office Address 11301 N. 53rd Street Solie, Act. 6, 66. 2. Only & State Tampa, Florida 7. Name and Address of Current Registered Agent 8. Libric appointed by preference of the above named corporation, sin familiar with and accept the obligations of section 607 005 or 617,605, F.S. Signature of Registered Agent 8. Libric appointed by preference of the above named corporation, sin familiar with and accept the obligations of section 607 005 or 617,605, F.S. Signature of Registered Agent 7. Name and Great Address of Cabric Agent Address of Current Registered Agent 8. Name and Sirath Address of Cabric Agent | * CORPORATION | FLORIDA | DEPARTMENT OF STATE | FLED |
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| Cay & State Tampa , Florida To Name and Address of Current Registered Agent Tampa | | | | To Do Business in Elected |
| Tampa, Florida Tampa, Florida | City & State City & Sta | | | 0//02/1992 |
| 2p 33617 County USA T. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent Robert Warchola Street Address (P.O. Box Number is Not Acceptable) Shumaker, Loop & Kendrick Sulle, Apt. 8, Etc. 101 East Kennedy Boulevard - Suite 2800 City Tampa FL 33602 8. 1. being appointed the reliable 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 9. Names and Street Addresses of Each Officer and/or Director (Fierdia nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officers and/or Director 11301 N. 53rd Street Tampa, FL 33617 10. Lordify 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. 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 or 617.0401 in 617.04 | | Tampa | , Florida | |
| Name Robert Warchola Street Address (P.O. Box Number is Not Acceptable) Shumaker, Loop & Kendrick Sule, Apt. R. Etc. 101 East Kennedy Boulevard - Suite 2800 City Tampa State Zip Code Tampa Signature of Registered Agent REGISTERED AGENT MUST SIGN P Dan Gessner 11301 N. 53rd Street Tampa, FL 33617 10. Lordify that I am an officer or director or the receiver or trustoe empowered to execute this application as provided for in chapter 807 or 617, F.S. I further contify that when filing this reinstatement application, the reason for dissociation 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 is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: Name of Officer 100 of Officer on the receiver or trustoe empowered to execute this application as provided for in chapter 807 or 617, F.S. I further contify that when filing this reinstatement application, the reason for dissociation 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 isted on this form do not qualky 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: | | | | 6. CERTIFICATE OF STATUS DESIDED. \$8.75 Additional Fee required |
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| Date to the state of the state | | OB PRINTED NAME OF | SIGNING OFFICER OR DIRECTOR | // 2 1/0 6 813-227-2275 Date Daytime Phone # |