PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 16 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000119372

1. Corporation Name

JGK ENTERPRISES, INC.

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
40143 MAthews Rd. Lady LAKe Fl 32159	P.O. Box 1145 Lady LAKe Fl 32158
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 11/05/2002

5. FEI Number ☐ 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: JAcKie G KillGRoue

Street Address (P.O. Box Number is Not Acceptable): 40143 MAthews Rd.

Suite, Apt. #, Etc.:

City: LAdy LAKe | State: FL | Zip Code: 32159

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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D	JAcKie G. KillGRoue	P.O. Box 1145	LAdy LAKe, Fl 32158

000031366520
03/30/04 01012-008 **300.00

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: Jackie G Killgroue 3/24/2004 352-750-5295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JGK ENTERPRISE, INC.
P.O. BOX1145
LADY LAKE ,FL. 32158

YoWhom It Concerns:

I'm very sorry for begining late with this matter. I did not recevie notice. I relized this and had to have one sent to me by your office.Again expect my apologies and ecpect our application.

Thank You
JGK ENTERPRISES, INC.

Jackie G Kilgrove
President