

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 1996 REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV 12 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V02050

1. Corporation Name  
J.K. & J.W. INC.

Principal Place of Business  
733 S. ORANGE BLOSSOM TRAIL  
APOPKA FL 32703

Mailing Address  
733 S. ORANGE BLOSSOM TRAIL  
APOPKA FL 32703



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/18/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3005128	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> NO	

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DP	KUKURELO, JORGE E.	733 S ORANGE BLOSSOM TR	APOPKA FL

900002008729--3  
-11/19/96--01159--002  
\*\*\*375.00 \*\*\*375.00

REINSTATEMENT 1996  
G. Allen  
11-2-96

8. Name and Address of Current Registered Agent KUKURELO, JORGE E 733 S. ORANGE BLOSSOM TRAIL APOPKA FL 32703		9. Name and Address of New Registered Agent Name: JORGE E. KUKURELO Street Address (P.O. Box Number is Not Acceptable): 733 S. ORANGE BLOSSOM TR Suite, Apt. #, Etc.: City: APOPKA State: FL Zip Code: 32703	
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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: *[Signature]* REGISTERED AGENT MUST SIGN  
Date: 11-6-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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)(f), 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]* FORGEIFE KUKURELO 11-6-96 880-9177  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (7/96)