

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OR 16

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000006357

1. Corporation Name

JJK Capital Corporation

REINSTATEMENT 02

2. Principal Office Address 3111 S. Valley View		3. Mailing Office Address 3111 S. Valley View	
Suite, Apt. #, etc. Suite A-219		Suite, Apt. #, etc. Suite A-219	
City & State Las Vegas, NV		City & State Las Vegas, NV	
Zip 89102	Country USA	Zip 89102	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 11/19/98			5. FEI Number 68-2263704
			Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name Joseph J. Kadow
Street Address (P.O. Box Number is Not Acceptable) 2202 N. West Shore Blvd.
Suite, Apt. #, Etc. 5th Floor
City Tampa
State FL
Zip Code 33607

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent	REGISTERED AGENT MUST SIGN	Date 11/15/02
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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
PSTD	Grappo, Anthony P.	3111 S. Valley View, #A-219	Las Vegas, NV 89102
VP	Kadow, Joseph J.	2202 N. West Shore Blvd 5th Floor	Tampa, FL 33607
			7000009154247

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)(b), 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:	11/15/02	(702) 247-8517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #



ACCOUNT NO. : 072100000032
 REFERENCE : 823957 84041A
 AUTHORIZATION : *Patricia Pizit*
 COST LIMIT : \$ 758.75

ORDER DATE : November 18, 2002
 ORDER TIME : 1:45 PM
 ORDER NO. : 823957-010
 CUSTOMER NO: 84041A
 CUSTOMER: Ms. Norma Deguenther
 Outback Steakhouse Of
 5th Floor
 2202 North Westshore Blvd.
 Tampa, FL 33607

REINSTATEMENT

NAME: JJK CAPITAL CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Ginger Simmons 521-0821 EXT 1139
 EXAMINER'S INITIALS _____