

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 24 AM 8:00

DOCUMENT # K17009

1. Corporation Name

JKL SERVICES, INC.

Principal Place of Business

Mailing Address

~~34 CENTRAL COURT~~
~~TARPON SPRINGS FL 34689~~

~~34 CENTRAL COURT~~
~~TARPON SPRINGS FL 34689~~

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

2. New Principal Office Address, If Applicable

1727 S. PINELLAS AVE.

Suite, Apt. #, etc.

TARPON SPRINGS, FL

City & State

Zip 34689

Country USA

3. New Mailing Office Address, If Applicable

1727 S. PINELLAS AVE.

Suite, Apt. #, etc.

TARPON SPRINGS, FL

City & State

Zip 34689

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1988

5. FEI Number

59-2877936

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	LISTLE, JAY K	34 CENTRAL COURT 1727 S. PINELLAS AVE.	TARPON SPRINGS FL
ST	LISTLE, PAM L	34 CENTRAL COURT 1727 S. PINELLAS AVE.	TARPON SPRINGS FL

600037287916
05/25/04--01029--001 **1200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LISTLE, JAY K.

~~34 CENTRAL COURT~~
~~TARPON SPRINGS FL 34689~~

Name

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

1727 S. PINELLAS AVE.

Suite, Apt. #, Etc.

City

TARPON SPRINGS

State

FL

Zip Code

34689

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

5/24/04

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/24/04

CR2E040 (8/01)