

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 OCT -5 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K17009

1. Corporation Name

JKL SERVICES INC.

2. Principal Office Address - No P.O. Box #

655 EUNICE DR.

Suite, Apt. #, etc.

3. Mailing Office Address

655 EUNICE DR.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

Zip

34689

Country

USA

Zip

34689

Country

USA

**REINSTATEMENT**

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

3/3/1988

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. Name and Address of Current Registered Agent**

Name

JAY K. LISTLE

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

655 EUNICE DR.

Suite, Apt. #, Etc.

City

TARPON SPRINGS

State

FL

Zip Code

34689

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Jay K. Listle*

REGISTERED AGENT MUST SIGN

Date

10/2/09

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip          |
|--------|--------------------------------------|---|-----------------------------|
| PD     | JAY K. LISTLE                        | 655 EUNICE DR.                                    | TARPON SPRINGS, FL<br>34689 |
|        |                                      |   |                             |
|        |                                      |   |                             |
|        |                                      |   |                             |
|        |                                      |   |                             |

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 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:

*Jay K. Listle* JAY K. LISTLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/09 (727) 423-7805

Date

Daytime Phone #