

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 26 PM 7:25

DOCUMENT # K 35155

1. Corporation Name

JK's Screenbuilder Factory, Inc.

2. Principal Office Address

1720 Angle Drive

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 950641

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Lake Mary, FL

Zip

32750

Country

USA

Zip

32795

Country

USA

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

9/26/88

5. FEI Number

59-2913329

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

Kari Karhu

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

1720 Angle Drive

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

11/26/03--01060--001 **1098.75

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

Kari Karhu

Date

11-24-03

REGISTERED AGENT MUST SIGN

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
P/v/T	Kari Karhu	1720 Angle Drive	Longwood, FL 32750

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:

Kari Karhu

Kari Karhu

11-24-03

(407)688-0844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)