PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FOR		FLORIDA	DA DEPARTMENT OF STATE Katherine Harris Secretary of State		d comment of the comm				
REINSTATEMENT		VISION OF CORPORATIONS		SEI	FILED CRETARY OF STA	NTE.			
DOCUMENT # K98475 1. Corporation Name					DIVISION OF CORPORATIONS OI OCT 24 PM 6: 29				
WKJ, INC.					0100124 111025				
Principal Place of Business Mailing Addr			988						
			REINS			IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
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 Malling Office Address, If Applicable					Date Incorp.	orated or Qualified			
1237 E. TWIGGS ST. P.O. R. Suite, Apt. #, etc. Suite, Apt. #,			80X 439 To Do Bi			siness in Florida 06/28/1989			
City & State TAMPA FL City & State TAMP			A FL			59-2996923	97.	Applied For Not Applicable	
Zip Country Zip 33601-						OF STATUS DESIRED		nal Fee required icate 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				
DP	WILLIAMS, PATRICIA F.	1237 EAST TWIGGS ST.			TAMPA FL				
DVP;	KETCHEY, BRENDA W.	1237 EAST TWIGGS ST.			TAMPA FL				
DST	MADDEN, CATHY W	1237 EAST TWIGGS ST.			TAMPA FL				
AT	SANDERS, DARLENE	1237 EAST TWIGGS STREET			TAMPA FL				
		90			00046839297				
						****750.00		50.00	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
WILLIAMS MRS PATRICIA F				Name	·=•			(8/01)	
1237 E TWIGGS ST					.O. Box Number i	s Not Acceptable)		CR2E040 (8/01)	
* 101 E. Kennedy Blvd. Tampa Fl. 33602			Suite, Apt. #, Etc.]0	
City							tate Zip Coo	le	
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 Pagent MUST SIGN Date 10 - 22-01									
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, 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)(1). 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:

(813) 238-7776 * Daytime Phone # 104