

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 OCT -5 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LO6000094922**

1. Limited Liability Company's Name

JK TAX LLC

500186257285
10/04/10--01057--010 **238.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 4400 N. Federal Hwy		3. Mailing Office Address	
Suite, Apt. #, etc. Suite #210		Suite, Apt. #, etc.	
City & State BOCA RATON FL.		City & State	
Zip 33431	Country US	Zip	Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-5617143

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JASON KUIKA

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

4400 N. Federal Hwy

Suite, Apt. #, Etc.

Suite #210

City

BOCA RATON

State

FL

Zip Code

33431

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

(X)

REGISTERED AGENT MUST SIGN

Date

9/28/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	JASON KUIKA	4400 N. Federal Hwy #210	BOCA RATON FL. 33431

REINSTATEMENT 2010

DB

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

(X)

Date

9/28/10

Daytime Phone #

561 393 5041

Typed or printed name of signing Managing Member/Manager