

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED

02 NOV 27 PM 2:16

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # L82697

1. Corporation Name

PJK ENTERPRISES, INC.

Principal Place of Business 1227 SOUTH ANDREWS AVENUE FT LAUDERDALE FL 33316-1835	Mailing Address 1227 SOUTH ANDREWS AVENUE FT LAUDERDALE FL 33316-1835
---	---



200009233992  
 11/27/02--01018--005 \*\*150.00

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 Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/25/1990	
City & State		City & State		5. FEI Number	
Zip		Country		65-0203418	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KELSEY, PHILIP	6711 NW 26TH AVE	FT LAUDERDALE FL
D	KELSEY, JANIS R	6711 NW 26TH AVE	FT LAUDERDALE FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KELSEY, PHIL 1227 SOUTH ANDREWS AVENUE FT LAUDERDALE FL 33309		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

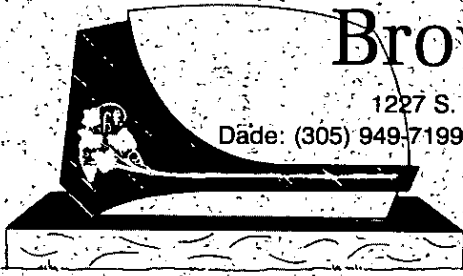
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: PHILIP KELSEY REGISTERED AGENT MUST SIGN  
 Date: 11/20/02

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: PHILIP KELSEY REGISTERED AGENT MUST SIGN  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 11/20/02  
 Daytime Phone #: (800) 997-7199

CR2040 (8/02)



# Broward Monument

1227 S. Andrews Avenue • Ft. Lauderdale, Florida 33316

Dade: (305) 949-7199 • Broward: (954) 523-7199 • Palm Beach: (561) 734-9624

1-800-997-7199 • Fax: (954) 761-8174

November 20, 2002

Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

re: Corporate renewal - PJK ENTERPRISES, INC.  
L82697

To Whom It May Concern:

I have received in the mail the notice that my renewal of my company, PJK ENTERPRISES, INC., has not been received. I have been in business since July 1, 1990 and have paid my renewal each year in a timely fashion. I did not receive my renewal notice or second notice stating that it was still due. I am enclosing the paperwork that was recently received along with a check in the amount of \$150.00, as per your instructions.

I do not know why I did not receive my original renewal notice but would appreciate your assistance in resolving this matter without having to pay a reinstatement fee. As I mentioned, I have never been late paying this fee in my 12 years of operation and do not feel this is my error.

Thank you for your assistance and should there be any questions, please do not hesitate to contact me at (800) 997-7199.

Sincerely,

Philip Kelsey,  
PJK ENTERPRISES, INC.