

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000024936

1. Corporation Name

JK & LN MANAGEMENT CORP

Principal Place of Business

1730 E SUNRISE BLVD.  
FT. LAUDERDALE FL 33304

Mailing Address

1730 E SUNRISE BLVD.  
FT. LAUDERDALE FL 33304

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/10/2000

5. FEI Number

65-0990231

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	KARAIKAKIS, JIM	1730 E SUNRISE BLVD.	FT. LAUDERDALE FL 33304
D	KARAIKAKIS, LILLIAN	1730 E SUNRISE BLVD.	FT. LAUDERDALE FL 33304

02 4/3/02 TS

8. Name and Address of Current Registered Agent

KARAIKAKIS, JIM  
1730 E SUNRISE BLVD.  
FT. LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED  
Jim Karaiskakis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/02 (954) 761-7827

Date

Daytime Phone #

CR2E040 (8/02)

17840202

Dear Sir or Madame:

This is first notice about the renewal of my corporations and I find they are being dissolved. I have not received any prior notices for renewal for either corporation. Please reinstate them and accept my enclosed payment of the annual renewal.  
I request an abatement of the penalties for the afore mentioned reason.  
Thank you for you consideration in this matter.

Sincerely,



Jim Karariskakis