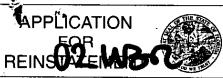
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

542

1. Corporation Name

JK & R, INC.

Principal Place of Business

Mailing Address

5317 GULFPORT BLVD GULFPORT FL 33707 518 92ND AVE N

ST PETERSBURG FL 33702

FILED

02 OCT 28 PM 4: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above a 2. New Pr	addresses are incorrect in any way, line t incipal Office Address, if Applicable	hrough incorrect in 3. New Maili	nformation and enter ng Office Address, if	correction below.	Date Incorp	orated or Qualified			
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.	· of pur			06/02/2000		
City & State City & State			uldont I		5. FEI Number 59-3652636		- Applied For Not Applicable		
Zip	Country	Zip 33	707 Count	mellas	6. CERTIFICATE	OF STATUS DESIRED S	3.75 Additional Fee re	quired	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flor	rida nonprofit corpora	itions must list at leas	st 3 directors)				
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
Р	P GATCHALIAN, CORAZON			518 92ND AVE N			ST PETERSBURG FL 33702		
P	GATCHALIAN,	CORAZDA	531	Gulfpi	or BLVD	GULFPI	ORT, FL33	3707	
			M	ul I	60 10/28/	00086302 0201104015	216 **150.00		
	8. Name and Address of Current	Registered Age	nt ·		9. Name and A	ddress of New Registered	Agent	_	
GATCHALIAN, CORAZON 518 92ND AVE N ST PETERSBURG FL 33702			-	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Exc. City City					
0. I, being	appointed the registered agent of the ab	ove named corpor	ation, am familiar wit	h and accept the obli	gations of Section	n 607.0505, F.S. or 617.050		7	
Signature of Registered /	Agent	IZGINE Edistered age	MRIJASI ENT MUST SIGN	fefalia	2n	Date	/0 ~	2	
I certify this reins	that I am an officer or director or the rece statement application, the reason for diss	iver or trustee em olution has been e	powered to execute teliminated, the corpor	his application as pro ate name satisfies th	vided for in chap e requirements o	ster 607 or 617, F.S. I further	certify that when filin	g	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VO/23/02

Daytime Phone # A UZ

October 23, 2002

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

To Whom It May Concern:

I had called your office with regards to the dissolution of my corporation due to the failure to file the annual report/uniform business report for 2002. I did not received the uniform business report form and was really surprised to receiving the certificate of dissolution from you. Please waive the late fee of \$600.00 and I am enclosing herewith a filing fee of a check amount of \$150.00 and the form received today....

Thank you very much.....

Sincerely,

Corazon M. Gatchalian

President

JK & R, Inc.

5317 Gulfport Blvd.

Gulfport, FL 33707