

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/18/2003-90162-031-\$150.00-\$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 OCT 29 AM 9:40

REINSTATEMENT


90150819

400023594424

10/07/03--01009--001 **\$8.75

DO NOT WRITE IN THIS SPACE

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DOCUMENT # <u>900000061089</u>	
1. Entity Name WJK Associates, Inc.	

2. Principal Place of Business 14521 Sherbrook Place Suite, Apt. #, etc.		3. Mailing Address 14521 Sherbrook Place Suite, Apt. #, etc.	
305 City & State Fort Myers FL		305 City & State Fort Myers FL	
Zip 33912	Country U.S.A	Zip 33912	Country U.S.A

DO NOT WRITE IN THIS SPACE	
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4. FEI Number 65-1018821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name William J. Kuhn	
Street Address (P.O. Box Number is Not Acceptable) 14521 Sherbrook Place, #305	
City Fort Myers	Zip Code FL 33912

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, William J. Kuhn 14521 Sherbrook Place, #305 Fort Myers, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400023594424 10/07/03--01009--002 **\$100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400023594424 11/24/03--01028--018 **\$200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>WJ Kuhn</u>	Date <u>8/4/07</u>	Daytime Phone # <u>917 930 3465</u>
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CR2E034B (12/02)