

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 20 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000089372

1. Corporation Name

JACK KAPANKA, INC.

Principal Place of Business

Mailing Address

2604 TILTON COURT
ORLANDO FL 32835

2604 TILTON COURT
ORLANDO FL 32835



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

2. New Principal Office Address, If Applicable

9152 PHILLIPS GROVE TER.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9152 PHILLIPS GROVE TER.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/2000

5. FEI Number

59-3695932

Applied For

Not Applicable

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32836

Country

US

Zip

32836

Country

US

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KAPANKA, JACK C	2604 TILTON COURT	ORLANDO FL 32835
MT	DAVID W. ROBINSON	9152 PHILLIPS GROVE TER	ORLANDO, FL 32836

500009113265
11/20/02 01068 009 **150.00

8. Name and Address of Current Registered Agent

KAPANKA, JACK
2604 TILTON COURT
ORLANDO FL 32835

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

11/18/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/02

Daytime Phone #

877-547-8227

CR2040 (8/02)

November 18, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

The purpose of this letter is to inform you that we wish to reinstate the Florida Corporation, Jack Kapanka, Inc., and that the two prior UBR notices were not received. Jack Kapanka, Inc. has undergone a change in Business and Financial Management within the last year. All future correspondence with regard to the Uniform Business Report should be addressed to:

David Robinson
9152 Phillips Grove Ter.
Orlando, FL 32836

Please note this change has also been made to the enclosed Application for Reinstatement. A check in the amount of \$150 payable to Department of State is also enclosed.

Thank you in advance for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "David Robinson", is written over a horizontal line.

David Robinson
Business Manager
Jack Kapanka, Inc.
877-547-8227