

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 23 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P0000093788

1. Corporation Name

J & K Butona Enterprises, Inc.

2. Principal Office Address

2001 W. Sample Rd.

Suite, Apt. #, etc.

Suite 300

City & State

Pompano Beach, FL

Zip

33064

Country

U.S. A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/02/2000

5. FEI Number

None

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patricia Klein

Street Address (P.O. Box Number is Not Acceptable)

2001 W. Sample Rd.

Suite, Apt. #, Etc.

Suite 300

City

Pompano Beach

State

FL

Zip Code

33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 9/20/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Patricia Klein	2001 W. Sample Rd. Suite 300	Pompano Beach, FL 33064

700041011957

09/13/04--01071--002 **\$600.00

REINSTATEMENT 01-04

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/20/04

Daytime Phone #

954-935-3170

CR2E081 (01/04)

PATRICIA KLEIN

2001 West Sample Road
Pompano Beach, FL 33064
Phone 954- 935-3170
Facsimile 954-969-1297

August 31, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: J&K Butona Enterprises, Inc.

Document No.: P00000093788

To Whom It May Concern:

Enclosed please find the completed form for reinstating the corporation as referenced above and a check in the amount of \$600.00 for the reinstatement fee. As I never received any notices for 2001-2004, I would like to have the late fees for those years waived. Thank you for your kind consideration in this matter.

Very truly yours,


Patricia Klein

Enclosure
