

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2007 SEP -4 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

CORPORATION
REINSTATEMENT
Annual Report

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000108612

1. Corporation Name
JK & R Construction Inc.
750 So. OBT. Ste #22
Orl Fl. 32805

2. Principal Office Address - No P.O. Box #
Same

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32805 USA

4. Date Incorporated or Qualified To Do Business in Florida

2001

5. FEI Number

59-3679463

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert P. Dorlan

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

729 River View Ave

Suite, Apt. #, Etc.

City

Altamonte Sprs

State

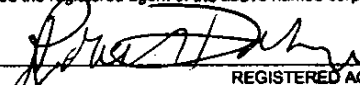
FL

Zip Code

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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



REGISTERED AGENT MUST SIGN

Date

May 14 07

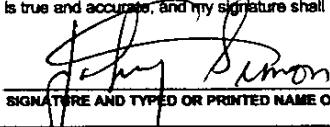
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres Owner	Johnny Simon	750 So. OBT Ste #22	Orl Fl. 32805
V.P.	Robert P. Dorlan	750 So. OBT #22	Orl Fl. 32805

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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 contained in Chapter 119, 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

5-1-07 407 928-3813

Daytime Phone #