

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 18 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000080236

1. Entity Name  
M & K ENTERPRISES OF JACKSONVILLE, INC.



Principal Place of Business  
1840 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216

Mailing Address  
1840 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09302005 REIN-P CR2E098 (6/04)

4. FEI Number  
59-3470862

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

ESSA, RYAN B  
1840 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216

Name

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

City

FL

Zip Code

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 *Ryan B. Essa*  
Signature, typed or printed name of registered agent and, if not applicable, (NOTE: Registered Agent signature required when reinstating)

10-13-05

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete  
NAME HANNA, KIM  
STREET ADDRESS 4024 HEALTH RD  
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE DPS ☐ Delete  
NAME ESSA, RYAN B  
STREET ADDRESS 5006 CINANCY CT  
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kim Hanna*  
Kim Hanna  
Signature and typed or printed name of signing officer or director

10-13-05  
Date

904 725-2906  
Daytime Phone #

2120