PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith v of State

DOCUMENT #

P01000115957

1. Corporation Name

J & K DRIVE THRU, INC.

Principal Place of Business

Mailing Address

8242 WEST WATERS AVENUE TAMPA FL 33615

8242 WEST WATERS AVENUE

TAMPA FL 33615

FILED

02 OCT 29 AM 10: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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If above addresses are incorrect in any way, line through incorrect information and enter correction below.						* OL 10110E **-	UUI AANIJ	u.uu
2. New Pri	incipal Office Address, If Applicable	ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/07/2001 5. FEI Number Applied For Not Applied For				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						
City & State		City & State						. "
Žip						7 7 17		Not Applicabl
-ıh	Country	Zip	Coun	itry	1	E OF STATUS DESIRED	\$8.75 Addi for a Cer	ional Fee requir ificate of Status
. Names	and Street Addresses of Each Officer an	d/or Director (F	lorida nonprofit corpo	rations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		h	City / State / Zip		
PSD	MOTLEY, JEFFREY D		8242 WEST W/	ATERS AVENUE		TAMPA FL 33615		
VTD	MOTLEY, KAY M		8242 WEST WATERS AVENUE			TAMPA FL 33615		
		·	-					
							· <u> </u>	
			-				·	H
		- 40-	-				·	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
SPIEGE	EL & UTRERA, P.A.			Name				
1840 SW 22ND ST.				Street Address (P.O. Box Number is Not Acceptable)				
4TH.FL Miami	.OOR FL 33145		Suite, Apt. #, Étc.	#, Étç.				
-				City			State Zip Co	de
0. I, being	appointed the registered agent of the ab	ove named corp	oration, am familiar w		Digations of Section	on 607.0505, F.S. or 61	FL	de

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer of director of 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

October 24, 2002

Florida Department of State

Dear Sir or Madam,

This is to inform you that J&K Drive-Thru, Inc. (FEIN 59-3759518) did not receive the prior UBR notices.

Enclosed you will find a check for the amount of \$150.00 and the completed/signed application for reinstatement.

Sincerely,

Kay Motley Vice President

J&K Drive-Thru, Inc.