

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000117751**

1. Corporation Name

LJK CONSULTANTS INC.

Principal Place of Business

Mailing Address

2952 BETHANY PL 1733 LAKE CYPRESS DR
CLEARWATER FL 33759 Safety Harbor, FL. CLEARWATER FL 33759 Safety Harbor, FL.
34695 34695

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

2. New Principal Office Address, If Applicable

1733 LAKE CYPRESS DR.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1733 LAKE CYPRESS DR.

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL.

Zip

34695

Country

USA

City & State

SAFETY HARBOR, FL.

Zip

34695

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2001

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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 |
|---------------|---|--|---|
| P | KOON, LUTHER J | 2952 BETHANY PLACE 1733 LAKE CYPRESS DR. | CLEARWATER FL 33759 SAFETY HARBOR FL 34695 |
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10/18/03--01050--018 **150.00

8. Name and Address of Current Registered Agent

JOSEPH KOON, LUTHER
2952 BETHANY PL
CLEARWATER FL 33759

9. Name and Address of New Registered Agent

Name

JOSEPH KOON, LUTHER

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

1733 LAKE CYPRESS DR.

Suite, Apt. #, Etc.

City

SAFETY HARBOR

State

FL

Zip Code

34695

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 **OCT. 13, 2003**

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

OCT. 13, 2003 (727)-464-7521
Date Daytime Phone #

CR2E040 (7/03)

October 13, 2003

Glenda E. Hood
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Corporate Uniform Business Report (UBR)
LJK Consultants, Inc. Doc. # P01000117751**

Dear Ms. Hood:

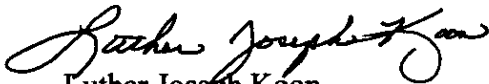
I am respectfully requesting that the State of Florida consider my request for a waiver of reinstatement fees due to failure to file a corporation annual report/uniform business report.

At the time of incorporation of LJK Consultants Inc., my address was 2952 Bethany Place, Clearwater, FL 33759. I received all mail at this address until October of 2002 at which time I relocated and received mail at P.O. Box 4249 Clearwater, FL 33758. In June of this year my address was changed to 1733 Lake Cypress Dr. Safety Harbor, FL 34695.

To the best of my knowledge I did not receive the two prior uniform business report (UBR) notices.

Your assistance is kindly appreciated.

Sincerely,



Luther Joseph Koon
President
LJK Consultants, Inc.