

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

prnc 1/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -3 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000121359**

1. Corporation Name

J.K. OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business

3831 BELLEWATER BLVD.
RIVERVIEW FL 33569

Mailing Address

3831 BELLEWATER BLVD.
RIVERVIEW FL 33569



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/26/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3758776

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	KRAWIEC, JOHN J	3831 BELLEWATER BLVD.	RIVERVIEW FL 33569

600008936716
11/12/02--01074--026 **150.00

8. Name and Address of Current Registered Agent

TESTA, PHILIP J
4726 B NORTH LOIS AVE.
TAMPA FL 33614

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 of Philip J. Testa
REGISTERED AGENT MUST SIGN

Date

10/28/02

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 of Philip J. Testa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02

CR2E040 (8/02)

P.J.T.

P. J. TESTA - ACCOUNTANT
P. O. BOX 4562
TAMPA, FLORIDA 33677

P. J. Testa

NOVEMBER 6TH 2002

STATE OF FLORIDA
DIVISION OF CORPORATIONS
ANNUAL REPORT - REINSTATEMENT SECTION
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: J. K. OF HILLSBOROUGH COUNTY, INC.
P01000121559

DEAR SIR,

Please be advised that the corporation listed above is in the process of being administratively dissolved by the State of Florida for non payment of annual charter fee. The director of the corporation did not receive the prior notices of renewal when originally mailed by the state. The corporation was originally filed on December 5, 2001. The individual director did not receive the renewal forms and is asking that the reinstatement fee be waived and that you accept the enclosed check for the filing fee and reinstate his corporation.

If further information is needed or required, please feel free to contact the writer or the Director at your convenience.

Sincerely,


P. J. Testa

Accountant

CC: John Krawiec, President J. K. OF HILLSBOROUGH COUNTY, INC