

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 APR -7 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000121984

1. Corporation Name

CK & JS

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

1507 Lake Ave

Suite, Apt. #, etc.

City & State

Largo FL

Zip

33776

Country

Pinellas

3. Mailing Office Address

13799 Park Blv N

Suite, Apt. #, etc.

255

City & State

Seminole FL

Zip

33776

Country

Pinellas

800148976828

04/07/09--01032--006 \*\*450.00

REINSTATEMENT 06-09

4. Date Incorporated or Qualified To Do Business in Florida

12/28/01

5. FEI Number

500020094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CINDY Stehlin

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

13799 Park Blv N

Suite, Apt. #, Etc.

255

City

Seminole

State

FL

Zip Code

33776

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

*[Handwritten Signature]*

Date

4/1/09

REGISTERED AGENT MUST SIGN

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
PST	CINDY Stehlin	13799 Park Blv N Suite 255 Seminole FL	33776
	<i>[Handwritten Signature]</i>		

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/09 727 709 4849

Daytime Phone #

727 709 4849