

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 22 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000040669

1. Corporation Name

JSK CONSTRUCTION & MANAGEMENT, INC.

Principal Place of Business

1328 WILEY STREET #314
HOLLYWOOD FL 33019

Mailing Address

1328 WILEY STREET #314
HOLLYWOOD FL 33019

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

04/15/2002

Suite, Apt. #, etc.

1735 LINCOLN ST. #24

Suite, Apt. #, etc.

1735 LINCOLN ST. #24

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

Zip

33020

Country

Zip

33020

Country

5. FEI Number

01-0688595

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
D	MARTA, CORNELIA	1328 WILEY STREET #314 1735 LINCOLN ST #24	HOLLYWOOD FL 33019 1735 LINCOLN ST. #24

000024024280
10/22/03--01067--025 **150.00

8. Name and Address of Current Registered Agent

MARTA, CORNELIA
1328 WILEY STREET #314
HOLLYWOOD FL 33019

9. Name and Address of New Registered Agent

Name

MARTA, CORNELIA

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

1735 LINCOLN ST #24

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

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

Cornelia **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/15/2003

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:

Cornelia **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/2003

Daytime Phone #

CR2E040 (7/03)

To whom it may concern

My name is Cornelia Marta and I am writing regarding to
the form that I received.

I never received this form before I appreciate if kindly abate the
penalty since I was unaware that this document even existed
Please accept my check for \$150.00 for the year 2003.

Thank you

Cornelia Marta