


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000041621	
1. Entity Name JKK CONSULTANTS, INC.	

Principal Place of Business 4645 S MOON TR PORT ORANGE, FL 32129	Mailing Address 4645 S MOON TR PORT ORANGE, FL 32129
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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KOTWICA, JAMES 2242 N.W. 158 LANE PEMBROKE PINES, FL 33028	Name Street Address (P.O. Box Number is Not Acceptable) City, FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James Kotwica James Kotwica 12/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete KOTWICA, JAMES 2242 N.W. 158 LANE PEMBROKE PINES, FL 33028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400043428674 12/15/04--01018--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Kotwica James Kotwica 12/3/04 954-4441-7586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
04 DEC 15 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT