

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

DOCUMENT # P02000041621

03 OCT 28 PM 2:16

1. Corporation Name

JJK CONSULTANTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~2242 N.W. 158 LANE~~
PEMBROKE PINES FL 33028

~~2242 N.W. 158 LANE~~
PEMBROKE PINES FL 33028

REINSTATEMENT

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

2. New Principal Office Address, If Applicable

4645 S. Moon Tr

3. New Mailing Office Address, If Applicable

4645 S. Moon Tr

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applic

Not Ap

City & State

Port Orange FL

City & State

Port Orange FL

Zip

Country

32129

U.S.

Zip

Country

32129

U.S.

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee
for a Certificate of

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KOTWICA, JAMES	2242 N.W. 158 LANE	PEMBROKE PINES FL 33028

600024188406
10/28/03--01013--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOTWICA, JAMES
2242 N.W. 158 LANE
PEMBROKE PINES FL 33028

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

James Kotwica

REGISTERED AGENT MUST SIGN

Date

10/21/03

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 fill 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 fe 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 indi on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

James Kotwica

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03

Date

Daytime Phone #