

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 FEB 22 AM 9:39  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000056561

1. Corporation Name

JSK HEALTH, INC

REINSTATEMENT 03-06

T. Roberts FEB 28 2006  
CR2E081 (12/05)

2. Principal Office Address

4363C Willow Pond Rd

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

09/19/2003

5. FEI Number

020616413

Applied For

Not Applicable

Zip

Country

33417 Palm Beach

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Jonathan S. Kanfer

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

4363C Willow Pond Rd

Suite, Apt. #, Etc.

City

West Palm Beach, FL

State

FL

Zip Code

33417

988067826678  
03/03/06--01025--025 \*\*\$60.00

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

REGISTERED AGENT MUST SIGN

Date

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
Pres	Jonathan S. Kanfer	4363C Willow Pond Rd	West Palm Beach, FL 33417

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jonathan S Kanfer

2-18-06 561762-7672

PS 2/2

Feb 18, 2006

TO: Florida Dept Of State

From: Jonathan Kanfer

RE: P02000056561

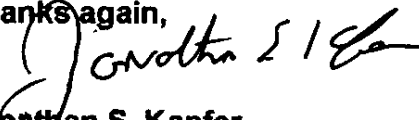
To Whom it may concern:

I recently became aware of the fact that my corporation JSK HEALTH, INC. has not filed the proper filing fees for the past four years. I am unaware of ever receiving from your office the PAPER WORK describing a bill for money owed to you on the pretense of keeping the afformentioned company in good standing.

Please see to it that with the \$600.00, that I now have paid to the Florida Department of STATE that everything will be corrected.

Thank you for your quick actions and I can be reached at 561-762-7672 to further clarrify any maters that you may have.

Thanks again,

  
Jonathan S. Kanfer  
JSK Health, Inc., president