

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 28 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000118478

1. Corporation Name

JK Aluminum, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

455 46th Court

Suite, Apt. #, etc.

3. Mailing Office Address

455 46th Court

Suite, Apt. #, etc.

City & State

Vero Beach, Florida

City & State

Vero Beach, Florida

Zip

32968

Country

USA

Zip

32968

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/05/02

5. FEI Number

20-0591583

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

Joseph J. Kasunic

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

455 46th Court

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32968

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

Joseph J. Kasunic
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	Joseph J. Kasunic	455 46th Court	Vero Beach, Florida 32968
Sec	Nancy Kasunic	455 46th Court	Vero Beach, Florida 32968

REINSTATEMENT 03-04

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH J. KASUNIC

Date

2/24/04

Daytime Phone #

772-538-3650

CR2001 (10/02)