

2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

2005 OCT 10 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000090433

1. Entity Name
JJKR ENTERPRISES, INC.



Principal Place of Business
469 S. FLAGLER AVENUE
POMPANO BEACH, FL 33060-7913

Mailing Address
469 S. FLAGLER AVENUE
POMPANO BEACH, FL 33060-7913



10072005 REIN-P CR2E098 (6/04)

2. Principal Place of Business
2033 W McNab Rd
Suite, Apt. #, etc.
Suite L
City & State
Pompano Beach FL
Zip
33069
Country
USA

3. Mailing Address
2033 W McNab Rd
Suite, Apt. #, etc.
Suite L
City & State
Pompano Beach FL
Zip
33069
Country
USA

4. FEI Number
11-3700596

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RYALLS, KANDY
469 S. FLAGLER AVENUE
POMPANO BEACH, FL 33060-7913

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2033 W McNab Rd
Suite L
City
Pompano Beach FL Zip Code
33069

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  10-06-2005
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

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

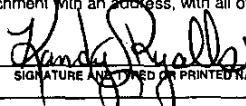
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD RYALLS, KANDY 8002 LAGOS DE CAMPO BLVD. #206B TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RYALLS, JEFFREY H 8002 LAGOS DE CAMPO BLVD. #206B TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RYALLS, JEFFREY H II 8002 LAGOS DE CAMPO BLVD. #206B TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
400060455424 10/10/05--01067--019 **158.75		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  10-06-2005 954 974-4108
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/12/05