

2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

05 JAN 27 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT FEE 98 (6/04) 04-05

DOCUMENT # P03000097741					
1. Entity Name JKCB CORPORATION					
Principal Place of Business 4636 W IRLO BRONSON MEMORIAL KISSIMMEE, FL 34746			Mailing Address 4636 W IRLO BRONSON MEMORIAL KISSIMMEE, FL 34746		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0204156	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALMONTE, DIONICIO 204 OLD MILL CREEK KISSIMMEE, FL 34746				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2614 Emerald Island Blvd City Kissimmee FL Zip Code 34747	
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: <u>Dionicio Almonte</u> DATE: <u>1-14-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALMONTE, DIONICIO	NAME	2614 Emerald Island Blvd		
STREET ADDRESS	204 OLD MILL CREEK	STREET ADDRESS	Kissimmee, Florida 34747		
CITY-ST-ZIP	KISSIMMEE, FL 34746	CITY-ST-ZIP	Kissimmee, Florida 34747		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALMONTE, DAMARIS J	NAME	2614 Emerald Island Blvd		
STREET ADDRESS	204 OLD MILL CREEK	STREET ADDRESS	Kissimmee, Florida 34747		
CITY-ST-ZIP	KISSIMMEE, FL 34746	CITY-ST-ZIP	Kissimmee, Florida 34747		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	100046018931		
STREET ADDRESS		STREET ADDRESS	02/04/205--01015--003... **300.00		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Dionicio Almonte</u>				DATE: <u>1-14-05</u> (407) 392-7426	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	

6