

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
11 OCT 4 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000097741

1. Corporation Name

**JKCB CORPORATION**

FILING CANCELLED  
RETURNED CHECK

2. Principal Office Address - No P.O. Box #

**4636 W IRLO BRONSON MEM**

3. Mailing Office Address

**4636 W IRLO BRONSON MEM**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**KISSIMMEE FLORIDA**

City & State

**KISSIMMEE FLORIDA**

Zip

**34746**

Country

**OSCEOLA**

Zip

**34746**

Country

**OSCEOLA**

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida **09/08/2003**

5. FEI Number

**200204156**

☐ 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

**DIONICIO ALMONTE**

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

**4636 W IRLO BRONSON MEM**

Suite, Apt. #, Etc.

City

**KISSIMMEE**

State

**FL**

Zip Code

**34746**

600209888656  
10/04/11--01025--001 \*\*150.00  
600209888656  
07/12/11--01011--008 \*\*150.00

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

*Dionicio Almonte*

Date

*6/22/11*

REGISTERED AGENT MUST SIGN

**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
D	DIONICIO ALMONTE	4636 W IRLO BRONSON	KISSIMMEE FL 34746
D	DAMARIS ALMONTE	4636 W IRLO BRONSON MEM	KISSIMMEE FL 34746
D	ABELARDO TAVERAS	4636 W IRLO BRONSON MEM	KISSIMMEE FL 34746

10. E-mail Address: **C-ALMONTE210@HOTMAIL.COM**

(To be used for future annual report notification)

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 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Dionicio Almonte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*6/22/11* 407-397-7422

Daytime Phone #