

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
Jul 13, 2005  
Secretary of State

DOCUMENT# P03000124640

Entity Name: L K L ENTERPRISE INC.

**Current Principal Place of Business:**

4392 PHILIPS HWY  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

4392 PHILIPS HWY  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LOPER, LISA  
9 OAKS DR  
JACKSONVILLE, FL 32250 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: LISA R LOPER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LOPER, LISA  
Address: 9 OAKS DR  
City-St-Zip: JACKSONVILLE, FL 32250

Title: DV ( ) Delete  
Name: LOPER, KENNY  
Address: 9 OAKS DR  
City-St-Zip: JACKSONVILLE, FL 32250

Title: DS ( ) Delete  
Name: SANFORD, LAMAR  
Address: 4392 PHILIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA R LOPER

Electronic Signature of Signing Officer or Director

DV

07/13/2005

Date