


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000148884		
1. Entity Name JTEK INC		

Principal Place of Business 1819 KOFRESI CT RUSKIN, FL 33570	Mailing Address 1819 KOFRESI CT RUSKIN, FL 33570
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2. Principal Place of Business - No P.O. Box # 3949 30 th St. SE	3. Mailing Address 3949 30 th St. SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ruskin, FL	City & State Ruskin, FL
Zip 33570	Zip 33570
Country U.S.	Country U.S.

FILED
07 MAY 16 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05112007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent DILTS, JOSH E 1819 KOFRESI CT RUSKIN, FL 33570	
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4. FEI Number 20-3751054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 3949 30 th St. SE	
City Ruskin	FL Zip Code 33570

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 <i>Josh E. Dilts</i>	DATE 5-11-07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
P DILTS, JOSH E 1819 KOFRESI CT RUSKIN, FL 33570	
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
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
3949 30 th St. SE Ruskin, FL 33570	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
500103903625 06/05/07--01028--004 **300.00	
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 exemptions contained in Chapter 119, 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: <i>Josh E. Dilts</i>	DATE: 5-11-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # 813-600 0241	