

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

07 JAN 23 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/2

07/11/06 90026 022 \$150.00



01082007 REIN-P CR2E098 (11/05)

DOCUMENT # P05000160748					
1. Entity Name J KARKLINS, INC.					
Principal Place of Business 805 SE 16TH PLACE DEERFIELD, FL 33441			Mailing Address 805 SE 16TH PLACE DEERFIELD, FL 33441		
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 56-2578728				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KARKLINS, JEANNINE 805 SE 16TH PLACE DEERFIELD, FL 33441				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARKLINS, JEANNINE 805 SE 16TH PLACE DEERFIELD, FL 33441	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 06-07	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700086474257 01/30/07--01005--025 **400.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700086474257 01/30/07--01005--026 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>[Signature]</i> 1/10/07					

Document corrected per Saul Ripson. *[Signature]*

SAUL B. LIPSON & COMPANY

Saul B. Lipson, MAcc., EA, CFP®

- TAX PLANNING AND PREPARATION
- COMPLETE ACCOUNTING SERVICES
- INVESTMENT AND RETIREMENT PLANNING

1515 UNIVERSITY DRIVE•SUITE 222
CORAL SPRINGS, FLORIDA 33071
TELEPHONE: 954.755.4405
FAX: 954.344.3694
EMAIL: Saul@LipsonGroup.com

207

January 19, 2007

Florida Department of State
Reinstatement Section
2661 Executive Center Circle
Clifton Building
Tallahassee, FL 32301
Attn: Debra Cooper

RE: J Karklins, Inc.
P05000160748

Dear Ms. Cooper,

As per our conversation, I am requesting that the above referenced company be reinstated. The \$400 was originally sent in when requested but was never cashed by the State. It appears that it was lost in transit. Thank you for your help.

If you have any further questions, you may give me a call at 954.755.4405.

Sincerely,



Saul B. Lipson, MAcc, EA, CFP®