PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT 17 PM 1:47

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 10-12

DOCUMENT # P09000084634

1. Corporation Name
JKL CONSULTING, INC.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6071 NEWPORT VILLAGE WAY	6071 NEWPORT VILLAGE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH FL	City & State: LAKE WORTH FL
Zip: 33463 Country: US	Zip: 33463 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 10/13/2009 with effective date 10/12/2009

5. FEI Number: ☑ 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: LOGAN, JOHN

Street Address (P.O. Box Number is Not Acceptable): 6071 NEWPORT VILLAGE WAY

Suite, Apt. #, Etc.:

City: LAKE WORTH State: FL Zip Code: 33463

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: _____ Date: 10/16/2012

REGISTERED AGENT MUST SIGN. Kristine Roy, as Attorney-in-Fact

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
P/S	LOGAN, JOHN	6071 NEWPORT VILLAGE WAY	LAKE WORTH FL 33463 US

OCT 17 2012
D. BUTLER

10. E-mail Address: linda.dickison@digdev.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: _____ 10/16/2012 (561) 694-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John Logan, President & Secretary By: Kristine Roy, as Attorney-in-Fact

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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CORPORATION REINSTATEMENT
JKL CONSULTING, INC.

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