

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV 12 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000059384

1. Corporation Name

JCKB Associates, Inc.

**REINSTATEMENT** 07-09

CR2E081 (11/09)

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

4101 Pinetree Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

1720

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

City & State

Zip

33140

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/20/1993

5. FEI Number

65-0436805

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

Joseph Bald

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

4101 Pinetree Drive

Suite, Apt. #, Etc.

1720

City

Miami Beach

State

FL

Zip Code

33140

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Joseph Bald*

Date

11/11/09

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/P	Joseph Bald	4101 Pinetree Drive #1720	Miami Beach, FL 33140
S	Howard Bald	4101 Pinetree Drive #1720	Miami Beach, FL 33140

900162758459

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10. E-mail Address:

(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., 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.

SIGNATURE:

*Joseph Bald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/09

Daytime Phone #