


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 DEC 27 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 993000087770

1. Corporation Name

JKG GROUP, INC.

2. Principal Office Address

1000 CLINT MOORE ROAD

Suite, Apt. #, etc.

SUITE 201

City & State

BOCA RATON

Zip

FL

Country

33487

3. Mailing Office Address

1000 CLINT MOORE ROAD

Suite, Apt. #, etc.

SUITE 201

City & State

BOCA RATON

Zip

FL

Country

33487

**4. Date Incorporated or Qualified
To Do Business In Florida**

DECEMBER 23, 1993

5. FEI Number

65-0456604

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

MICHAEL KIND

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

5312 NW 60TH DRIVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33067

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

X 

REGISTERED AGENT MUST SIGN

Date 12/16/01

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
CEO	<u>S. ROBERT GITLIN</u>	<u>320 SOUTH OCEAN BLVD APT 1111</u>	<u>DELRAY BEACH FL 33483</u>
PRES	<u>MICHAEL KIND</u>	<u>5312 N.W. 60TH DRIVE</u>	<u>CORAL SPRINGS FL 33067</u>
CHMAN	<u>B. MORTON GITLIN</u>	<u>10155 COLLINS AVENUE APT 901</u>	<u>BAL HARBOR FL 33154</u>
SECT/ TREASURER	<u>BRUCE D. GITLIN</u>	<u>360 WEST 31ST SUITE 1000</u>	<u>NEW YORK NY 10001</u>

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/01

Date

561 241 1999

Daytime Phone #

CR2081 (9/00)



ACCOUNT NO. : 072100000032

REFERENCE : 491425 4719018

AUTHORIZATION :

COST LIMIT : \$ 758.75

ORDER DATE : December 20, 2001

ORDER TIME : 9:56 AM

ORDER NO. : 491425-020

CUSTOMER NO: 4719018

CUSTOMER: Brian Petrequin, Esq
St. John & Wayne
Two Penn Plaza East

Newark, NJ 07105

DOMESTIC FILINGS

NAME: JKG GROUP, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
EXAMINER'S INITIALS _____

RECEIVED
01 DEC 27 AM 10:31
DIVISION OF CORPORATION