

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000036096

FILED  
Oct 16, 2009  
Secretary of State

Entity Name: JAK INC.

**Current Principal Place of Business:**

3305 INDUSTRIAL 25TH ST  
FORT PIERCE, FL 34946 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15  
FORT PIERCE, FL 34954 US

**New Mailing Address:**

FEI Number: 59-3249594      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

APPLEBEE, KENNETH E  
3305 INDUSTRIAL 25TH ST  
FORT PIERCE, FL 34946 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: KENNETH E APPLEBEE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: APPLEBEE, JOHN M  
Address: 20050 GLADES CUT OFF RD  
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: VPST ( ) Delete  
Name: APPLEBEE, KENNETH E  
Address: 5209 BUCHANAN DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete  
Name: APPLEBEE, ARLENE H  
Address: 1796 STONYBROOK DR.  
City-St-Zip: FT. PIERCE, FL 34945

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH E APPLEBEE

VPST

10/16/2009

Electronic Signature of Signing Officer or Director

Date