

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 PM 3:49

DOCUMENT # P95000072757

1. Corporation Name

JSK CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5795 MINING TERRACE
JACKSONVILLE FL 32257

Mailing Address

5795 MINING TERRACE
JACKSONVILLE FL 32257



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3344204

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MUMFORD, MARGUERITE	1633 SILVER STREET	JACKSONVILLE FL 32206
S	KLEIN, CHRIS	106 BERMUDA COURT	PONTE VERDE BEACH FL 32082
VP	MUMFORD, MICHAEL	1633 SILVER STREET	JACKSONVILLE FL 32206

100023705411
10/10/03--01028--014 **150.00

8. Name and Address of Current Registered Agent

MUMFORD, MARGUERITE
1633 SILVER STREET
JACKSONVILLE FL 32206

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Marguerite Mumford
REGISTERED AGENT MUST SIGN

Date 10.8.03

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 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:

Marguerite Mumford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.8.03
Date

904 739 6047
Daytime Phone #

CR2E040 (7/03)

October 9, 2003


Florida Department of State
Divisions of Corporations
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: JSK, Corp. EIN# 59-3344204

Dear Glenda E Hood:

JSK, Corp. received your notice of Administrative Dissolution or Revocation in the mail today. The president of the corporation has signed and we are returning to you the application for reinstatement. However, to the best of our knowledge we did not receive any of the prior uniform business reports. Please accept our apologies for being late in paying.

Sincerely,


Michael Mumford
Vice-President