

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 23 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000006607

1. Corporation Name

J & K FINANCIAL SERVICES, INCORPORATED

Principal Place of Business

Mailing Address

1543 KINGSLEY AVE
SUITE 6
ORANGE PARK FL 32073-4533
US

1543 KINGSLEY AVE 519 Leewood Ct
SUITE 6 32065-8901
ORANGE PARK FL 32073-4533
US



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

2. New Principal Office Address, If Applicable

1728 Kingsley Avenue

Suite, Apt. #, etc.

Suite 8

City & State

Orange Park FL

Zip

32073 USA

3. New Mailing Office Address, If Applicable

519 Leewood Ct

Suite, Apt. #, etc.

Orange Park, FL

City & State

Zip

32065 USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1996

5. FEI Number

59-3357761

Applied For

Not Applicable

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
D	VERA, KEVIN	1543 KINGSLEY AVE SUITE 6 519 Leewood Ct	ORANGE PARK FL 32073 32065
D	HERNANDEZ, JEANETTE	1543 KINGSLEY AVE SUITE 6 519 Leewood Ct	ORANGE PARK FL 32073 32065

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11/07/00--01054--001
***750.00 ***750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

VERA, KEVIN
1543 KINGSLEY AVE
SUITE 6
ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

Name
Vera, Kevin
Street Address (P.O. Box Number is Not Acceptable)
519 Leewood Ct
Suite, Apt. #, Etc.
Orange Park
City
Orange Park
State
FL
Zip Code
32065

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.

Signature of
Registered Agent
REGISTERED AGENT MUST SIGN

Date October 19, 2000

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: SIGNATURE (KEVIN VERA)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 19, 2000 565-1800
Date Daytime Phone #