

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 31 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000004360

1. Corporation Name

J K DESIGN, INC.

Principal Place of Business

Mailing Address

8919 BAY STREET N.E.
ST PETERSBURG FL 33702

8919 BAY STREET N.E.
ST PETERSBURG FL 33702

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KASSIS, JOHN W	8919 BAY STREET N.E.	ST PETERSBURG FL 33702

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KASSIS, JOHN W
8919 BAY STREET N.E.
ST PETERSBURG FL 33702

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-27-01

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-27-01 (27) 518-5682

Daytime Phone #



J. K. Design, Inc.

Custom Home Design

Remodeling / Additions

Design Consultant

Construction Administration Services

October 29, 2001

FLORIDA DEPARTEMENT OF STATE

Katherine Harris

Secretary of State

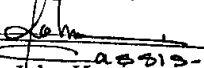
Division of Corporation

Re: Reinstatement for J. K. Design, Inc.

FEI No: 59-3417053

We hereby requesting reinstatement for J. K. Design, Inc., because we did not receive the 2001 UNIFORM BUSINESS REPORT.

Respectfully,


John Kassir

JWK:amk