



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P97000004360</b> 1. Entity Name <b>J K DESIGN, INC.</b>						<b>FILED</b> <b>06 OCT 13 PM 12: 07</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>270 83RD AVE N</b> <b>ST PETERSBURG, FL 33702</b>				Mailing Address <b>270 83RD AVE N</b> <b>ST PETERSBURG, FL 33702</b>			
2. Principal Place of Business <b>270 83RD AVE N</b>		3. Mailing Address <b>SAME</b>					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		09282006 REIN-P		CR2E098 (11/05) <b>06</b>	
City & State <b>ST. PETERSBURG, FL</b>		City & State <b>SAME</b>		4. FEI Number <b>59-3417053</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33702</b>		Country <b>ARIZONA</b>		Zip 		Country 	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>KASSIS, JOHN W</b> <b>8919 BAY STREET N.E</b> <b>ST PETERSBURG, FL 33702</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b></div> <div style="text-align: right;">Zip Code</div>				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>[Signature]</i></u> <b>10.2.06</b> <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P KASSIS, JOHN W 8919 BAY STREET N.E. ST PETERSBURG, FL 33702		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>10.2.06</b> <small>Date Daytime Phone #</small>			



**J. K. Design, Inc.**

Custom Home Design  
Services

Remodeling / Additions

Design Consultant

Construction Administration

September 18, 2006

FLORIDA DEPARTEMENT OF STATE  
Katharine 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 the form was filled as paid.  
**2006 UNIFORM BUSINESS REPORT.**  
Enclose a check of \$150.00 filing fee.

Respectfully,

John Kassis

JWK:amk