

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV -6 AM 10:27

DOCUMENT # P97000028771

**1. Corporation Name**

J K L A, INC.

**2. Principal Office Address**

4845 Belle Terre Pkwy

Suite, Apt. #, etc.

Suite C-05

City & State

Palm Coast, FL

Zip Country

32164

**3. Mailing Office Address**

P.O. Box 351363

Suite, Apt. #, etc.

City & State

Palm Coast, FL

Zip Country

32135

REINSTATEMENT 98-00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/27/1999

**5. FEI Number**

59-3445183

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

OSCAR F. ASHTON JR.

200003479982-3

Street Address (P.O. Box Number is Not Acceptable)

4845 Belle Terre Pkwy

Suite, Apt. #, Etc.

Suite C-05

City

Palm Coast,

State

FL

Zip Code

32164

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of

Registered Agent

Oscar F. Ashton Jr.

REGISTERED AGENT MUST SIGN

Date 11/03/2000

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	OSCAR F. ASHTON JR.	4845 Belle Terre Pkwy Suite C-05	Palm Coast, FL 32164
V	DARLENE A. ASHTON	4845 Belle Terre Pkwy Suite C-05	Palm Coast, FL 32164

**10.** 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:

Oscar F. Ashton Jr. OSCAR F. ASHTON JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/03/00

Daytime Phone #

446 1460  
904-446-1460

CR2E081 (9/99)