

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 MAY 11 AM 9:16

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # R7700038615

1. Corporation Name

JKL, Inc.

Principal Place of Business

Mailing Address

21737 State Road 17
Boca Raton, FL 33428

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4/30/97

5. FEI Number

65-0748624

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Loren Mulligan	5780 Coach House Circle, F	Boca Raton, FL 334136

9900002883299--7

-05/24/99--01005--014

*****900.00 *****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Loren Mulligan
Street Address (P.O. Box Number is Not Acceptable):
5780 F Coach House Circle
Suite, Apt. #, Etc.

City: Boca Raton

State

Zip Code

FL

334136

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(5), F.S.

Signature of
Registered Agent

Loren Mulligan

REGISTERED AGENT MUST SIGN

Date

3/7/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 607.04(1) or 617.04(1), 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)(c), 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:

Loren Mulligan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/99

(561)

218-3399
Display Phone #