

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

Handwritten initials

DOCUMENT # P97000051762

1. Corporation Name

KJR INK, INC.

00 DEC 11 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7859 SPRINGFIELD DRIVE
LAKE WORTH FL 33467
US

7889 SPRINGFIELD DRIVE
LAKE WORTH FL 33467
US



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

4. Date Incorporated or Qualified
To Do Business in Florida

06/10/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0756998

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	JENNER, KARYN	4731 NW 10 ST #112	PLANTATION FL 33313

800003524118--3
-01/04/01--01/09--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JENNER, KARYN
4731 NW 10 ST #112
PLANTATION FL 33313

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

Handwritten signature
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/10/00

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:

Handwritten signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/00
Date

561-642-0053
Daytime Phone #

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ADVERTISING
kjr.ink
www.kjrink.com
kjrink@earthlink.net

November 10th , 2000

Katherine Harris,

In reference to your letter:

This is the first letter I have received stating that my company have been dissolved. If you will please accept this check for \$150.00 and reinstate my company I will make sure to watch for the letter in 2001 and contact you if I do not receive it. My correct address is 7859 Springfield Lake Drive, Lake Worth, FL 33467.

Sincerely yours,

Karyn Jenner

Karyn Jenner

7 8 5 9
springfield lake dr.
lakeworth, fl 33467

tel.....561.642.0053
fax.....561.642.2524