

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000008101

**Entity Name:** K.J.B. SPECIALTIES INC.

**FILED**  
**Oct 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1551 EDGEWOOD AVE W  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

1551 EDGEWOOD AVE W  
JACKSONVILLE, FL 32209

**New Mailing Address:**

4446 HENDRICKS AVE 345  
JACKSONVILLE, FL 32207

**FEI Number:** 59-3653111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, JOANN M  
1551 EDGEWOOD AVE W  
JACKSONVILLE, FL 32209 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** JOANN BROWN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BROWN, JOANN M  
**Address:** 1551 EDGEWOOD AVE W  
**City-St-Zip:** JACKSONVILLE, FL 32209

**Title:** V  
**Name:** BROWN, JEROME  
**Address:** 1551 EDGEWOOD AVE W  
**City-St-Zip:** JACKSONVILLE, FL 32209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOANN BROWN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

10/09/2010

\_\_\_\_\_  
Date