

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000055169

1. Corporation Name

JK & LN, INC.

Principal Place of Business

1730 E SUNENE BLVD
FORT LAUDERDALE FL 33304

Mailing Address

1730 E SUNRISE BLVD
FORT LAUDERDALE FL 33304

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1999

5. FEI Number

65-0930575

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	4 City / State / Zip
D	KARAIKAKIS, JIM	1251 WILEY STREET	HOLLYWOOD FL 33019
D	KARAIKAKIS, LILLIAN	1251 WILEY STREET	HOLLYWOOD FL 33019

8. Name and Address of Current Registered Agent

KARAIKAKIS, JIM
1251 WILEY STREET
HOLLYWOOD FL 33019

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Karaiskakis

Oct 25/02 (954) 761-7827

CH2040 (8/02)

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Dear Sir or Madame:

- This is first notice about the renewal of my corporations and I find they are being dissolved. I have not received any prior notices for renewal for either corporation. Please
 - reinstate them and accept my enclosed payment of the annual renewal.
- I request an abatement of the penalties for the afore mentioned reason.
Thank you for you consideration in this matter.

Sincerely,



Jim Karariskakis