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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000-2001 UBR

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000107825			
1. Corporation Name J & K BUSINESS CORP.			
Principal Place of Business 3714 PALM DESERT LN. # 5315 ORLANDO, FLORIDA 32839		Mailing Address P.O. BOX 590554 ORLANDO, FLORIDA 32859-0554	
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	
		4. Date Incorporated or Qualified To Do Business in Florida 12-14-99	
		5. FEI Number 59-3615328	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 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
P, S, T	ROBERTO DE FREITAS	3714 PALM DESERT LN. # 5315	ORLANDO, FLORIDA 32839
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name ROBERTO DE FREITAS	
		Street Address (P.O. Box Number is Not Acceptable) 3714 PALM DESERT LN. # 5315	
		Suite, Apt. #, Etc.	
		City ORLANDO	
		State FL	
		Zip Code 32839	
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		Date JUNE 04/2001	
REGISTERED AGENT MUST SIGN			
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 607.0401 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:		Date 06/04/2001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CORP-001 (12-99)