

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # S40996 (8)

1. Corporation Name
J. & K. CONTRACTORS, CORP.

Principal Place of Business Mailing Address
2281 W 74 Terrace same
Hialeah Fl 33016

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

2. New Principal Office Address, If Applicable 399 East 51th Street	3. New Mailing Office Address, If Applicable 399 East 51th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Hialeah Florida	City & State Hialeah Florida
Zip 33013	Country Miami-Dade
	Zip 33013
	Country Miami-Dade

FILED
 99 FEB 23 AM 11:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 9/5/99

4. Date Incorporated or Qualified To Do Business in Florida 03/25/1991	Applied For <input type="checkbox"/>
5. FEI Number 65-2251708	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	JAIME ESPINOSA	399 East 51th Street	Hialeah Florida 33013
DVP	LISBETH ESPINOSA	399 East 51th Street	Hialeah Florida 33013

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 ***1358.75 ***1358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAIME ESPINOSA 399 East 51th Street Hialeah Florida 33013	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 *Jaime Espinosa* **JAIME ESPINOSA** Date **February 19, 1999.**
 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: *Jaime Espinosa* **JAIME ESPINOSA** Date **FEBRUARY 19, 1999** (305) 698-0105
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CPRE081 (12-98)