

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

RECEIVED AND FILED

03 OCT - 1 PM 12:03

DOCUMENT # **S40996**

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

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 385 WEST 50THS TREET HIALEAH FL 33012	Mailing Address 385 WEST 50THS TREET HIALEAH FL 33012
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**REINSTATEMENT 02-03**

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 <b>03/25/1991</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-2251708</b>	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	ESPINOSA, JAIME	385 WEST 50TH STREET	HIALEAH FL 33012
DVP	ESPINOSA, LISBETH	385 WEST 50TH STREET	HIALEAH FL 33012
			900024243169 10/23/03--01015--007 **150.00
			900024243169 10/23/03--01015--008 **750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ESPINOSA, JAIME 385 WEST 50TH STREET HIALEAH FL 33012		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b> 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: *JAIME ESPINOSA* REGISTERED AGENT MUST SIGN Date: 9/24/03

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: *JAIME ESPINOSA* DATE: 9/24/03 DAYTIME PHONE #: (305) 698-0105

CR2E040 (8/02)