

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

05 JUN -6 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400056151134  
06/14/05--01047--003 \*\*600.00

DOCUMENT # **PO1000094902**

1. Corporation Name

**JMMK INC**

2. Principal Office Address

**6226 NW 120th DR**

Suite, Apt. #, etc.

City & State

**CORAL SPRINGS**

Zip

**33076**

Country

**USA**

3. Mailing Office Address

**6226 NW 120th DR**

Suite, Apt. #, etc.

City & State

**FL 33076**

Zip

**33076**

Country

**USA**

4. Date Incorporated or Qualified To Do Business in Florida

**9/26/02**

5. FEI Number

**65-114 0333**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Kenneth Goldner**

Street Address (P.O. Box Number is Not Acceptable)

**6226 NW 120th DR**

Suite, Apt. #, Etc.

City

**CORAL SPRINGS**

State

**FL**

Zip Code

**33076**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

**5/27/05**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Kenneth Goldner	6226 NW 120th DR CORAL SPRINGS FL 33076	CORAL SPRINGS FL 33076

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

Date

**5/27/05 954-465-898**

Daytime Phone #

CR2E031 (10/02)

RE: JMMK INC 65-1140333

I never recieved any letters  
to update yearly.

The fee is \$600 which is  
enclosed

Malaya



kw G.