

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL

FILED

02 MAY 22 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

PA 100009351

1. Corporation Name

JKNM INVESTMENTS, INC.

2. Principal Office Address

19955 NE 38 CT.

3. Mailing Office Address

Suite, Apt. #, etc.

2502

Suite, Apt. #, etc.

City & State

AVENTURA, FL

City & State

Zip

33180

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1997

5. FEI Number

65-0793661

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

JAIME DORNBUSCH

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

19955 NE 38 COURT

Suite, Apt. #, Etc.

APT. 2502

City

AVENTURA

State

FL

Zip Code

33180

900005676949-1

05/04/02-01028-001

****908.75 ****908.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/21/2002

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
DPST	JAIME DORNBUSCH	19955 NE 38 CT #2502	AVENTURA, FL 33180

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

JAIME DORNBUSCH

Date

5/21/02

Daytime Phone #

(305) 621-5551

CR2E081 (9/01)