PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2013 OCT 15 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 291611

1. Corporation Name

I.J.K.M. CORPORATION

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
152 COE ROAD		152 COE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
BELLEAIR, FL		BELLEAIR, FL	
Zip	Country	Zip	Country
33756	USA	33756	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
04/05/1965

5. FEI Number
591237870
☐ 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
LOUIS J MICHAELOS

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

Suite, Apt. #, Etc.

City	State	Zip Code
BELLEAIR	FL	33756

600252217676
09/30/13--01063--001 **1200.00

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 Louis Michaelos
REGISTERED AGENT MUST SIGN

Date 9/25/13

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
SD	LOUIS J MICHAELOS	152 COE ROAD	BELLEAIR, FL 33756
PD	MARY MICHAELOS	152 COE ROAD	BELLEAIR, FL 33756
	REINSTATEMENT		
	2010 - 13		S. HAWKES
			OCT 1 - 2013
			EXAMINER

10. **E-mail Address:** _____
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Louis Michaelos 9/25/13 (727) 445-1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #