PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 297611

1. Corporation Name

JMK HOLDINGS, INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
90 ALMERIA AVENUE CORAL GABLES FL 33134	75 SOLANO PRADO CORAL GABLES FL 33134

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
18480 SE, HERITAGE dr.	18480 S.E. HERITAGE dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TEQUESTA, FL	City & State: TEQUESTA FL
Zip: 33469 Country: USA	Zip: 33469 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/12/1965

5. FEI Number: 59-1118429 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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 3	City / State / Zip 4
~~P~~	~~KOLISCH, JAMES M~~	~~90 ALMERIA AVE~~	~~CORAL GABLES FL~~
P	KOLISCH, JAMES M	18480 SE. HERITAGE dr	TEQUESTA FL

200003496402--1
-12/12/00--01019--013
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KOLISCH, JAMES M.
~~90 ALMERIA AVE.~~
~~CORAL GABLES FL 33134~~

9. Name and Address of New Registered Agent

Name: KOLISCH, JAMES M
Street Address (P.O. Box Number is Not Acceptable): 18480 SE HERITAGE DR.
Suite, Apt. #, Etc.:
City: TEQUESTA State: FL Zip Code: 33469

CR2E040 (8/00)

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: SIGNATURE REQUIRED Date: 11/27/00
REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE: SIGNATURE REQUIRED 11/27/00 561 744 8822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #