

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



DOCUMENT # 297611

1. Corporation Name

JMK HOLDINGS, INC.

Principal Place of Business

90 ALMERIA AVENUE
CORAL GABLES FL 33134

Mailing Address

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

18480 SE, HERITAGE dr.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

18480 SE, HERITAGE dr.

Suite, Apt. #, etc.

City & State

TEQUESTA, FL

Zip

33469

Country

USA

City & State

TEQUESTA, FL

Zip

33469

Country

USA

REINSTATEMENT

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/00

Date

561 744 8822

Daytime Phone #