

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



FILED

02 NOV 15 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700009021177

11/15/02--01047--002 **150.00

DOCUMENT # 354549

1. Corporation Name

LMK INVESTMENTS, INC.

Principal Place of Business

3225 S MACDILL AVE
STE 129-227
TAMPA FL 33629
US

Mailing Address

3225 S MACDILL AVE
STE 129-227
TAMPA FL 33629
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/1969

5. FEI Number

59-1273996

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KESHEN LEONARD	3225 SOUTH MACDILL AVE, STE 129	TAMPA FL 33629
DV	KESHEN ANNE	3225 S MACDILL AVE, STE 129	TAMPA FL 33629
DS	KESHEN MARY ANNA	3225 S MACDILL AVE, STE 129	TAMPA FL 33629

8. Name and Address of Current Registered Agent

FREEDMAN, MICHAEL J.
400 N TAMPA ST, SUITE 2525
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

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

400 N TAMPA ST,
Suite, Apt. #, Etc.

SUITE 2125

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/8/02

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.

SIGNATURE:

[Signature] LEONARD M. KESHEN 11/8/02 505-9832141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

L.M.K. INVESTMENTS, INC.

3225 S MACDILL AVE
STE 129-227
TAMPA, FL 33629

.....

November 8, 2002

Florida Department of Revenue
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document # 354549, L.M.K. Investments, Inc., FEI Number 59-1273996

As per phone conversation November 7, 2002, we are enclosing our check # 1176, in the amount of one hundred fifty dollars (\$150.00), as we did not receive a renewal form.

Sincerely yours,



Leonard M Keshen

President

encl