

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 18 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F85109

1. Corporation Name

J.K.V., INC.

2. Principal Office Address

617 Rossmoor Circle

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32940

Country

U.S.A.

3. Mailing Office Address

617 Rossmoor Circle

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32940

Country

U.S.A.

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/14/1982

5. FEI Number

59-2202182

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

KATHLEEN A. MAKI

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

617 Rossmoor Circle

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32940

000006067310--0

06/27/02 01056 003

****900.00 ****900.00

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

Kathleen A Maki

REGISTERED AGENT MUST SIGN

Date *6/12/02*

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
P/S/D	KATHLEEN A. MAKI	617 Rossmoor Circle	Melbourne, FL 32940
V/T/D	VICTOR R. MAKI	617 Rossmoor Circle	Melbourne, FL 32940

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:

Kathleen A Maki

Kathleen A. Maki, President

Date

6/12/02

Daytime Phone #

*321-
242-1009*

CR2E081 (9/01)