1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 31 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K98058

1. Corporation Name
J.K.L & M. Corp.

REINSTATEMENT 04-06

05-04-05 90175 032 #150.00

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
c/o Dominick F. Cavone	1061 Howell Harbor Dr
Suite, Apt. #, etc.: 1061 Howell Harbor Drive	Suite, Apt. #, etc.: 1061 Howell Harbor Drive
City & State: Casselberry, Florida	City & State: Casselberry, Florida
Zip: 32707 Country: U.S.A.	Zip: 32707 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-2965010 ☐ 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: CAVONE Dominick F.

Street Address (P.O. Box Number is Not Acceptable): 1061 Howell Harbor Drive

Suite, Apt. #, Etc.:

City: Casselberry, Florida | State: FL | Zip Code: 32707

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: Dominick F. Cavone — Date: 5-22-2006

REGISTERED AGENT MUST SIGN

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
DP	CAVONE, Dominick F.	1061 Howell Harbor Dr.	Casselberry, Florida 32707
			900075205418 06/14/06--01043--006 **450.00
		$96/8	

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 contained in Chapter 119, 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: Dominick F. Cavone — DOMINICK F. CAVONE — 5-1-2006 — 407-695-4050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MAY 1, 2006

To Whom it may Concern.

I have not received a uniform Business Report for 2004, 2005 and 2006. to be filed with Florida Department of State Division of Corporations.

For J.K.L&M. Corp.
FEI Number 59-2965010

Dominick Cavone.
407-695-4050
5-1-2006