

ANNUAL REPORT PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

78 APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 MAY 14 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L37786

1. Corporation Name

JFK PROP MANAGEMENT, INC

Principal Place of Business

~~571 W. WINTER GARDEN HEIGHTS DR  
WINTER GARDEN FL 34787~~

608 W. OAKLAND AVE  
OAKLAND, FL 34760

Mailing Address

~~571 W. WINTER GARDEN HEIGHTS DR  
WINTER GARDEN FL 34787~~

P.O. Box 2223  
206 N. 2ND ST  
FLAGLER BEACH FL

If above addresses are incorrect in any way, line through the address and provide the correct address 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

12/18/1989

5. FEI Number

65-0160572

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	MOGINNIS, MARK P. <i>DELETE</i>	<del>571 W. GARDEN HEIGHTS DR.</del>	<del>WINTER GARDEN FL</del>
DVP	YOUNG, ROBERT A	<del>571 W. GARDEN HEIGHTS DR.</del> 206 N. 2ND ST	<del>WINTER GARDEN FL</del> FLAGLER BEACH FL.
DS	YOUNG, NADEEN	<del>571 W. GARDEN HEIGHTS DR.</del> 206 N. 2ND ST	<del>WINTER GARDEN FL</del> FLAGLER BEACH FL.
DT	MOGINNIS, GARMER D <i>DELETE</i>	<del>571 W. GARDEN HEIGHTS DR.</del>	<del>WINTER GARDEN FL</del>
		TS 5/19	400002532024-0 -05/21/98-01095-002 ****158.75 **** 158.75

8. Name and Address of Current Registered Agent

~~MOGINNIS, MARK P.  
571 W. WINTER GARDEN HEIGHTS DRIVE  
WINTER GARDEN FL 34787~~

9. Name and Address of New Registered Agent

Name ROBERT A YOUNG  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. 206 N. 2ND ST  
City FLAGLER BEACH State FL Zip Code 32136

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

Robert A Young  
REGISTERED AGENT MUST SIGN

Date 4/30/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on Intangible tax.)

12. 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/98 904 439 5215