

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUL 26 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

G J K E M INC.

POO 000062391

300006824779--1
-08/01/02--01003--011
****700.00 ****700.00

2. Principal Office Address

18911 NW 9th Ave
Suite, Apt. #, etc.

3. Mailing Office Address

3072 NW 54th St
Suite, Apt. #, etc.

City & State

Miami, FLA

Zip Country
33169 U.S. of A.

City & State

Miami FLA

Zip Country
33142 U.S. of A.

REINSTATEMENT 01-02

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

06/27/2000

5. FEI Number

65-02149

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

James R. McGEE

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

3072 NW 54th St

Suite, Apt. #, Etc.

NA

City

Miami, FLA

State

FL

Zip Code

33142

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**

James McGee

Date 7/23/02

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
Pres	George McGee	18911 NW 9th Ave	Miami, FLA 33169
Sec	Michael Simpson	1816 NW 45th St	Miami, FLA 33142
Treas	Kenneth McGee	18911 NW 9th Ave	Miami, FLA 33169
Agent	James McGee	18911 NW 9th Ave	Miami, FLA 33169

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:

George McGee

7/23/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/01)

7/23/02