

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 17 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000065705

1. Corporation Name

KJP COMMUNICATIONS, INC.

2. Principal Office Address

13615 S. DIXIE HWY

Suite, Apt. #, etc.

534

City & State

MIAMI FL

Zip 33176

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/2000

5. FEI Number

65-1021279

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

ROY A. PINGITORE

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

13615 SOUTH DIXIE HIGHWAY

Suite, Apt. #, Etc.

534

City

MIAMI

State

FL

Zip Code

33176

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

Date 12/10/03

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
MR.	ROY A. PINGITORE	13615 S. DIXIE HWY #534	MIAMI, FL 33176

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:

ROY A. PINGITORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/03

Date

571-437-0297

Daytime Phone #

CR2E081 (10/02)