## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	ORATION TATEMENT		Secretary	TMENT OF STATE  of State  orporations			FILE UN 21 Elarei	PM 8:			
DOCUN 1. Corporation		077916		- Angele of the Control of the Contr		TALLA	ETARY ( HASSEE	E, FLOR	IDA	•	
KM	4 <b>J T</b>		S. Jacobs					•			
2. Principal 0	office Address Areca Blvd	1 -	3. Mailing Office Address 6775 Areca Blvd					:			
Suite, Apt. #, e	dc.	Suite, Apt. #,	Suite, Apt. #, etc.			orated or oness in Flo			-,		
City & State	sota FL	City & State	City & State Sarasota FL		5. FEI Numbe	<u> </u>		<u> </u>	- Appl	2000 Sed For	
Zip 34241	Country	Zip		Country	65-10.				iditional F	Applicable se required of Status	
34241	Sarasota	3424		Sarasota Address of Current Registe				101 8 0	ertinicate	CI STATES	
	Suite, Ant. #. Etc. 221E  City Palm-Beach-Ga  spointed the registered agent of the		2·St	outt. Asst.		State FL on 607.050	Zip Code 3 34 1 95 or 617.050	23, F.S.	<u>+</u>	CBDECRS (M1/04)	
9. Names an	nd Street Addresses of Each Office	er and/or Director (Fl	orida nonpro	ofit corporations must list at I	least 3 directors)						
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip					
Pres. &Dir.	Steve Tulman			6775 Areca Blvd			Sarasota FL 34241				
				المنافذة الم				سبت - دختن		· • <u></u>	
	<u> </u>	<u>.</u> .					<del>.</del> .	- <del></del>			
				· · · · ·	·			_	-		
this reinst owed by t	hat I am an officer or director or the tatement application, the reason for the corporation have been paid an oplication is true and accurate, and	r dissolution has bee d the names of indivi	n eliminated duals listed (	, the corporate name satisfie on this form do not qualify for	es the requirements r an exemption und	of section	607.0401 or	617.0401, 1	F.S., that a	all fees	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					05,	/24/2	004			1583	
	SIGNATURE AND TYPED (	MENTEU NAME OF	SIGNING OF	FIGER ON DIRECTOR		Date		Daytime f	THORE # V	ハノー	

## K M J T, Inc. 6775 Areca Bivd \* Sarasota FL 34241 Tel #941/923-0805

May 24, 2004

DEPT of STATE
Division of Corporations
PO Box 6327
Tallahassee FL 32314
Tel #850/245-6939

RE: K M J T, Inc.

-Doc #P-000-000-7-7916 -- -- --

Re-Instatement

Dear Sir / Madam,

Enclosed please find a completed Corporation Reinstatement form regarding K M J T, Inc. Please note that this home-based business moved to a new address during the past year; and, unfortunately the notice to file was not forwarded on to us appropriately.

Pursuant to my conversation with Doug Spitler, this is written to request that the \$600.00 reinstatement fee be waived. If this is at all possible, it would be most appreciated. Enclosed please find check #1571 in the amount of \$300.00 representing the Annual Report Fee and Corporate Supplemental Fee for 2003 and 2004.

Should you have any questions or require any additional information, please contact me. I can be reached at 941-809-1583 or during the day at 1-800-697-5390 x357.

Your time and consideration is very much appreciated.

Sincerely,

Steve Tulman

President & Director

## K M J T, Inc. 6775 Areca Bivd \* Sarasota FL 34241 Tel #941/923-0805

June 14, 2004

Ms. Marquitta Williams
Dept of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314
Tel #850/245-6939

RE: KMJT, Inc.

P 00000077916 Reinstatement

Letter #904A00038314

Dear Ms. Williams,

Pursuant to your letter dated June 4, 2004, enclosed please find executed reinstatement form signed by our current Registered Agent.

If you could please reinstate my corporation and waive the \$600.00 fee, it would be greatly appreciated (Please see letter dated May 24, 2004 enclosed).

Thank you for your continued cooperation.

Should you have any questions or require any additional information, please contact me. I can be reached at 941-809-1583 or during the day at 1-800-697-5390 x357.

Sincerely,

Steve Tulman

President & Director