PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR* REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

P01000069918 DOCUMENT #

1. Corporation Name

JMK DEVELOPMENT & INVESTMENT COMPANY

Principal Place of Business

Mailing Address

SECRETARY OF S DIVISION OF CORFO: 03 HOV 17 AM 8: 41

				ON COVE WAY I GARDENS FL 33418		REINSTATEMENT 03			
If above a	addresses are	e incorrect in any way, line thro	ough incorrect i	H F I I I I I	B R B Banda a comme				
				ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 07/16/2001		
Suite, Apt. #, etc. Suite, Apt. #,				etc.		5. FEI Numbe	er	Applied For	
City & State City & State					7	65-1123982	Not Applicable		
Zip Country		Zip	Zip Country		6. CERTIFICATE		Additional Fee required a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Name of Officers			3	Street Address of Eac Officer and/or Directo	ch	City / State / Zip		
Р	KEATING, JOSEPH M			424 EAGLETON COVE WAY			PALM BEACH GARDENS FL 33418		
S	KEATING, GERALDINE			424 EAGLETON COVE WAY			PALM BEACH GARDENS FL 33418		
				40			002476477 0301105002 *	*4************************************	
						11/11/	7201102005 **	*150.00	
	8. Nan	ne and Address of Current F	Registered Age	.l ∍nt	nt 9. Name and Address of New Registered Agent				
424 EA	ng, Joseph Agleton C Beach Gaf			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code					
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. or 617.0505, F.S. Signature of Registered Agent Agent HEGISTERED AGEN MUST SIGN									

11. 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 filling 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

//-5-03 54/627 3592

JMK DEVELOPMENT & INVESTMENT COMPANY 424 EAGLETON COVE WAY PALM BEACH GARDENS, FL 33418

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: #P01000069918 – Application for Reinstatement

year 2003

Enclosed is the Application for Reinstatement that we recently received in the mail.

This is to inform you that we have not received any UBR notices prior to this one. We respectfully request therefore that all penalties be revoked and have enclosed our check for the filing fee of \$150.00.

Thank you for your consideration in this matter.

Very truly yours,

Joseph M. Keating,

President, JMK Development & Investment Company

JMK Enclosures