

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P02000029061**

1. Corporation Name

**JKM HOLDINGS. INC.**

Principal Place of Business

2721 OLDE CYPRESS DRIVE  
NAPLES FL 34119

Mailing Address

2721 OLDE CYPRESS DRIVE  
NAPLES FL 34119

If above addresses are incorrect in any way, line through incorrect information and enter correction 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

03/18/2002

5. FEI Number

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	4 City / State / Zip
P	MOORSE, JOHN K	2721 OLDE CYPRESS DRIVE	NAPLES FL 34119
V	DUNN, STEVEN J	7400 DAISY'S WOOD LANE	GATES MILLS OH 44040
V	MOORSE, CAROL A	2721 OLDE CYPRESS DRIVE	NAPLES FL 34119

300024382703  
11/03/03--01073--018 \*\*150.00

8. Name and Address of Current Registered Agent

MOORSE, JOHN K  
2721 OLDE CYPRESS DRIVE  
NAPLES FL 34119

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

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

REGISTERED AGENT MUST SIGN

Date 10/29/03

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)

***JKM Holdings, Inc.***

John K. Moorse  
President  
JKM Holdings, Inc.  
2721 Olde Cypress Drive  
Naples, FL 34119

October 23, 2003

Division of Corporations  
Annual Report/ Reinstatement Section  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: JKM HOLDINGS, INC REINSTATEMENT

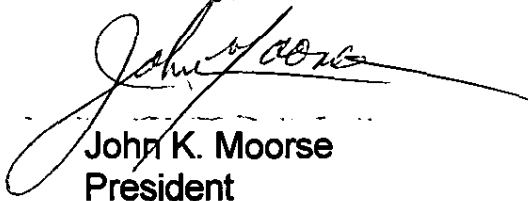
To Whom It May Concern:

Enclosed please find the following:

1. Completed Application For Reinstatement.
2. The UBR filing fee of \$150.00.
3. Need for reinstatement due to non-receipt of UBR Notices.

Thank you for your assistance in this matter.

Sincerely,



John K. Moorse  
President