

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 DEC -1 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07



DOCUMENT # P02000084969

1. Corporation Name

H J M K CORP

Principal Place of Business

Mailing Address

~~2604 WEST 68TH PL~~
~~HIALEAH FL 33016~~

~~2604 WEST 68TH PL~~
~~HIALEAH FL 33016~~

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

2. New Principal Office Address, If Applicable

~~7445 WEST 4 AVE~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~7445 WEST 4 AVE~~
Suite, Apt. #, etc.

City & State

~~HIALEAH, FLA.~~

City & State

~~HIALEAH, FLA.~~

Zip

~~33014~~

Country

~~USA~~

Zip

~~33014~~

Country

~~USA~~

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/2002

5. FEI Number

~~47-0882884~~

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
PD	PINERO, HIRAM	2604 WEST 68TH PL	HIALEAH FL 33016
SD	PANDO, ANGELA A	2604 WEST 68TH PL	HIALEAH FL 33016

8. Name and Address of Current Registered Agent

PINERO, HIRAM
2604 WEST 68TH PL
HIALEAH FL 33016

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 807.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 807 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: X

Hiram Pinero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

(305) 820-1757

Daytime Phone #

October 25, 2003

**DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O.BOX 1500
TALLAHASSEE, FL. 32302-1500**

**SUBJET: UNIFORM BUSINESS REPORT/ 2003
DOCUMENT # P02000084969**

We would like to inform the Department of Corporation that we have received your letter dated October 28, 2,003.

We are requesting any waiver or abatement of penalties and interests.

We need some understanding and help. Thank.

Sincerely;

X Hiram Piñero

**Hiram Piñero
President**