

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

DOCUMENT # P02000084969

1. Corporation Name

H J M K CORP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07



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.

3/26/03 90178 029 \$158.75

4. Date Incorporated or Qualified To Do Business in Florida

08/06/2002

5. FEI Number

47-0882884

Applied For

Not Applicable

City & State

HIALEAH, FLA.

City & State

HIALEAH, FLA.

Zip

33014

Country

USA

Zip

33014

Country

USA

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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 607.0505, 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 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: X Hiram Pinero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/12/03

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**