

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -2 AM 10:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000098853

1. Corporation Name

KM JO INC

2. Principal Office Address

1517 CLEVELAND ST.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

33020

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John Ouellette

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

1400 N. 16 AVE

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/23/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	John Ouellette	1400 N. 16 AVE	Hollywood FL 33020
Vice Pres	KENNETH MOORE	1517 Cleveland St	Hollywood FL 33020

10. 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)(l), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/04

Date

954-608-5646

Daytime Phone #

CR23081 (10/02)

January 23, 2004


Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: KMJO, Inc Document Number P02000098853

To Whom It May Concern:

This is to advise you that I had not receive that I had to receive
The annual report for the year 2003, so it was never filed.

As per my conversation with your office I am including a check
For the amount of \$300.00 for the year 2003 and 2004


John Ouellette, President
KMJO Inc
1517 Cleveland Street
Hollywood Florida, 33020