

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

19174

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 APR 04 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

PD3000098528

1. Corporation Name

JMK Transportation Inc

2. Principal Office Address

P.O. Box 121

Suite, Apt. #, etc.

City & State

Weirsdale FL

Zip

32195

Country

USA

3. Mailing Office Address

P.O. Box 121

Suite, Apt. #, etc.

City & State

Weirsdale FL

Zip

32195

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Dec 31 2003

5. FEI Number

55-0851744

01

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04-05

**7. Name and Address of Current Registered Agent**

Name

James A. Morris

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

P.O. 13557 S.E. 168th PL

Suite, Apt. #, Etc.

City

Weirsdale

State

FL

Zip Code

32195

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

James A. Morris

REGISTERED AGENT MUST SIGN

Date 06 MAR 05

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
p	James A. Morris	13557 S.E. 168 place	weirsdale Fla. 32195

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)(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:

James A. Morris / James A. Morris / President

Date

06 MAR 05 352-454-7168

Daytime Phone #

CR2E081 (01/04)