Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

002053.118210

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

JKM DRYWALL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$1,050.00~~

$450.00, client did not receive annual report reminders *

Electronic Filing Menu Corporate Filing Menu Help

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN 26 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/09)

DOCUMENT # P04000005225

1. Corporation Name
JKM DRYWALL, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1020 Cristelle Jean Drive	
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Ruskin, Fl	City & State
Zip: 33570 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/06/2004

5. FEI Number: 06-1703208 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ NOTE: Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Katherine Medina
Street Address (P.O. Box Number is Not Acceptable): 1020 Cristelle Jean Drive
Suite, Apt. #, Etc.
City: Ruskin State: FL Zip Code: 33570

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Katherine Medina Date: 01/26/2010
REGISTERED AGENT MUST SIGN

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
President	Jesus A. Medina	1020 Cristelle Jean Drive	Ruskin Fl, 33570
Vice President	Katherine Medina	1020 Cristelle Jean Drive	Ruskin Fl, 33570

OC 1/26

10. E-mail Address: tonyandkathymedina@msn.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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. I further certify 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: Katherine Medina Katherine Medina 01/26/2010 813-741-1309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #