

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
JUL 12 2006
06 MAY 12 PM 11:27

DOCUMENT # P04000144550

1. Corporation Name

W K M PROPERTIES, INC.

2. Principal Office Address

18680 Blue Star Highway

3. Mailing Office Address

18680 Blue Star Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Quincy, FL

City & State

Quincy, FL

Zip
32351

Country
USA

Zip
32351

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/2004

5. FEI Number

20-1788398

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Frank E. Bondurant

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

4450 Lafayette Street

Suite, Apt. #, Etc.

City

Marianna

State
FL

Zip Code
32446

600075101616
05/23/06 01042 012 **906 75

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

Frank E. Bondurant

Date 4/26/2006

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
P/S/T/D	McDaniel, Kevin	7280 Highway 90	Grand Ridge, FL 32442

REINSTATEMENT

05-06

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 contained in Chapter 119, 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:

Kevin McDaniel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

Date

850-509-0510

Daytime Phone #