

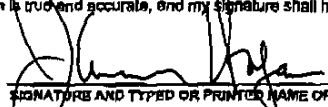
CAPITAL CONNECTION

850 222 1222

11/12 '04 12:37 NO.624 02/02

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 2: 51

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P13796 (8)					
1. Corporation Name J.K. Hogan, Inc.					
2. Principal Office Address County House Road			3. Mailing Office Address P.O. Box 189		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Auburn, New York			City & State Auburn, New York		
Zip 13021	Country USA	Zip 13021	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 03/27/87	
				5. FBI Number 16-1167842	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 Capital Connection, Inc.					
Street Address (P.O. Box Number is Not Acceptable) 417 East Virginia Street, Suite 1					
Suite, Apt. #, Etc. Suite 1					
City Tallahassee					
State FL					
Zip Code 32301					
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  Weimar Lopez for Capital Connection Date 11/19/04					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Pres	Hogan, J. Kevin	8 Green Links Turn		Auburn, New York 13021	
VP	Hogan, Teresa M.	8 Green Links Turn		Auburn, New York 13021	
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)(f), 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:  11/0 /04 365-252-0969					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					