CAPITAL CONNECTION 850 222 1222 11/12 '04 12:37 NO.624 02/02

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 04 NOV 19 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13796 (8)

1. Corporation Name
J.K. Hogan, Inc.

REINSTATEMENT 99-04

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| County House Road | 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. FEI 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.

000043224001
12/07/04--01007--016 **508.75

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

CR2E031 (10/02)

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 |
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10. I certify that I am an officer or director of 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: 11/0 /04 315-252-0969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #