

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P19607

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Entity Name:** JOMALKA INCORPORATED

**Current Principal Place of Business:**

3788 GALWAY CT  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 180  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

**FEI Number:** 91-1255692      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PHILLIPS, JOHN D  
3788 GALWAY CT  
MERRITT ISLAND, FL 32953 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** JOHN D. PHILLIPS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PHILLIPS, MALCOLM J.  
**Address:** 3612 INDIAN RIVER DRIVE  
**City-St-Zip:** COCOA, FL 32926

**Title:** D  
**Name:** PHILLIPS, JOHN D  
**Address:** 3788 GALWAY CT  
**City-St-Zip:** MERRITT ISLAND, FL 32953

**Title:** SD  
**Name:** PHILLIPS, KAREN L  
**Address:** 455 WINONA LAKES  
**City-St-Zip:** EAST STROUDSBURG, PA 18301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MALCOLM J. PHILLIPS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

02/24/2012

\_\_\_\_\_  
Date