

APPLICATION

FLORIDA DEPARTMENT OF STATE

Division of Corporations

REINSTATEMENT

DOCUMENT # P93000079149

1. Corporation Name

SKM, INC.

Principal Place of Business

Mailing Address

611 Prospect Ave., South
Clearwater, FL 34616PO Box 10003
Clearwater, FL 34617

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

131 GARDEN AVE, NORTH
SUITE 103
CLEARWATER, FL
34615 USA4. Date Incorporated or Qualified
To Do Business in Florida

November 10, 1993

5. FEI Number

59-3210365

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| Dir | Kirsten Mueller | 855 Eldorado Ave. | Clearwater, FL 34630 |
| Dir | Thomas Mueller | 855 Eldorado Ave. | Clearwater, FL 34630 |
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-05/22/97--01039--008
*****373.75 *****373.75
JBB-21-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Kathleen E. Lettau
Professional Acct. & Fin. Services
131 Garden Avenue, North
Clearwater, FL 34615

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Kathleen E. Lettau

REGISTERED AGENT MUST SIGN

Date 5-16-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C. JAKOBSEN-KAO, POA 5/16/97 8137447-2344

pg. 20f3

**SKM, INC.
131 GARDEN AVE, NORTH
CLEARWATER, FL 34615**

May 16, 1997

**Dept. of State
Division of Corporations**


Dear Sir,

Please find attached our application for re-instatement. The corporation's mailing address has not been P.O. Box 1003, Clearwater, FL 34617 for more than two years. We notified you of that change, but apparently the records were not updated, so we did not receive the 1996 Annual Report, and could not file it. We did not receive any of the notices that you sent notifying us that the corporation was being dissolved for non-filing. Because of this, when I called to the division of corporations, I was told that the reinstatement fee would only be \$365, so this is enclosed.

I have corrected the mailing address on the reinstatement form, so that we can receive our mailings from you in the future.

If you have any further questions or problems, please do not hesitate to let me know at (813)447-2344.

Sincerely,


CATHY JAKOBSEN-KAO
Power of Attorney

LIMITED POWER OF ATTORNEY

(With Durable Provision)

TO ALL PERSONS, be it known, that I, Thomas Mueller
 of SKM, Inc. (hereafter referred to as "The Co.")
 as Grantor, do hereby make and grant a limited and specific power of attorney to
Catherine M. Jakobsen-Kao
 and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence: (Describe specific authority)

To sign any contracts or papers in the matters of real estate for SKM, Inc; specifically, any contracts with Wasau Homes, or their designated contractors; any loan documents or closing papers for a real estate loan for The Co, as required by the Title company, or AmSouth Bank; to attend any closings, and sign (for The Co.) any mortgage loan documents; Also to deal with + handle any contractors needed.

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

Special durable provisions:

This power of attorney shall not be affected by disability of the Grantor. This power of attorney may be revoked by the Grantor giving notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Grantor resides.

Other terms:

Signed under seal this 30th day of September, 1996.
 Signed in the presence of:

Witness

Witness

Grantor

Attorney-in-Fact

State of Florida }

County of Pinellas

On September 30, 1996 before me, Faye T Jones

appeared Thomas Mueller, Kirsten Mueller and Catherine M. Jakobsen-Kao personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed