

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED


03 MAY 22 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200020430222
06/04/03--01003--022 **908.75

1998-2003 UBR

4. Date Incorporated or Qualified To Do Business in Florida		2/4/94
5. FEI Number	650586182	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED		<input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000009201			
1. Corporation Name J.M.K. INDUSTRIES, INC.			
2. Principal Office Address 1675 MICANOPY AVE.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State COCONUT GROVE, FL		City & State	
Zip 33133	Country	Zip	Country

7. Name and Address of Current Registered Agent	
Name	ELI BARON
Street Address (P.O. Box Number is Not Acceptable)	1675 MICANOPY AVENUE
Suite, Apt. #, Etc.	
City	COCONUT GROVE
State	FL
Zip Code	33133

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

REGISTERED AGENT MUST SIGN

Date MAY 21, 2003

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
D/P/S	ELI BARON	1675 MICANOPY AVENUE	COCONUT GROVE, FL 33133

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)(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:

 ELI BARON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 21, 2003 305-753-7095
Date Daytime Phone #

CR2E081 (10/02)

262

LAW OFFICES
ANDREW J. NIERENBERG, P.A.
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TELEPHONE: 305-667-4641
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May 21, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Reinstatement of Corporation
J.M.K. Industries, Inc.
P94000009201

Gentlemen:

This letter will confirm my telephone conversation with "Michelle" of your office this afternoon concerning the reinstatement of the above-referenced corporation, which was administratively dissolved on October 16, 1998.

Michelle advised that the fee for reinstatement will be \$900.00, only, as the State's records reflect that the Annual Report form for 1998 was returned as undeliverable, and the annual penalties will be waived.

To the extent that a request for waiver of penalties and fees is required, would you please consider this letter as such a request. Your assistance and cooperation would be greatly appreciated.

My client's check for \$908.75 is enclosed to cover the reinstatement and a Certificate of Status.

Thank you for your prompt attention to this matter.

Very truly yours,


ANDREW J. NIERENBERG

w/encs: Corporation Reinstatement Application
\$908.75 check
cc: J.M.K. Industries, Inc.
Mr. Eli Baron