	PLEASE READ	ALL INSTRU	CTIONS BEFORE	OMPLETI	NG THIS FORM.		
APPLICATI FOR REINSTATEM	MENT	Sand Sec Divisio	PARTMENT OF STATE dra B. Mortham cretary of State	SE DIVIS	FILED CRETARY OF STATE ION OF CORPORATION		
DOCUMENT # 19400034640 1. Corporation Name					96 NOV -8 PM 3: 18		
TURNE	oll MAR	KEMD6,	Inc.				
Principal Place of Business Mailing Address 12121-A Phillips Hwy 3ACKSON VIILE, FE 32256					7000020036870 -11/13/9601182010 ****375.00 *****375.00		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					DO NOT WRITE IN THIS SPACE		
New Principal Office Art	ddress, If Applicable		w Mailing Address, If Applicable		rated or Qualified PRIL	1994	
Suite, Apt. #, etc. City & State	······································	Suite, Apt. #, etc.		5. FEI Number Applied For Not Applicable			
Zip	Country	Zip	Country	6.	OF STATUS DESIRED	Not Applicable	
7. Names and Street Add	resses of Each Officer and/	or Director (Florida no	nprofit corporations must list at lea			7) Y	
7. Names and Street Addresses of Each Officer and/or Director (Flonda nonprofit corporations must list at leas Title(s) 1 Name of Officers Street Address of Each Officer and/or Directors Officer and/or Director 2 (Do NOT Use Post Office Box Nu					City / State / Z	þ	
PRES. BARRY D. TURNBUIL 2441 FAIRNTR					JAX, FC BA	246	
PRES CORI	une 5.70	عدلصا عد	41 FAller TRE	e Dre	34×, FL 32.	246	
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			EINSTATEN	ENT	96_		
		"					
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent.							
PAES- BARRY D. TURNBUIL						68.00 60 60 60 60 60 60 60 60 60 60 60 60	
2441 I-DIED I REE DR.E.							
JA×, FL 32246 Suite, Apr. ■, Etc.					State Zip	Code	
10. I. being appointed the registered agent of the above named apporation, am fartifier with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 10.25.96							
11. Does this con Dept. of Re	orporation pay a venue under S.	ny intangible 199.032, Flor	tax to the ida Statutes. Yes	□ No 🗵	(See other side for it on intangible t		
12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(t). Florida Statutes: I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(t) in the event that the information supplied is deemed exempt from public access. It 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 filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401; 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:	MATHER AND THE PERSON			100			
8101	NATURE AND TYPED OR PRI	ILED NAME OF SIGNING	OFFICER ON DIRECTOR		Date of the Control o	hone 8	