

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *96*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000021453**

1. Corporation Name

KJH CORP., INC.

Principal Place of Business

**270 PALM COAST PARKWAY NE
PALM COAST FL**

Mailing Address

**270 PALM COAST PARKWAY NE
PALM COAST FL**

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
96 NOV 14 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
mwB 11-18-96

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1995

5. FEI Number

59-3305104

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
D	FARLEY, KEVIN K	9 WA SALERNO	PALM COAST FL 32137
D	DUGGAN, MORTIMER J	105 OCEAN MARINA 12 WENDI LANE	FLORIAN BEACH FL PALM COAST, FL. 32137
D	RICH, JAMES H	62 BOTANY LANE	PALM COAST FL 32137
			600002010176==6 -11/20/96--01100--022 *****375.00 *****375.00

8. Name and Address of Current Registered Agent

DOUGLAS, TIMOTHY K
25 FLORIDA PARK DRIVE NORTH
PALM COAST FL 32137

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/96

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 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)(f), 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:

SIGNATURE REQUIRED JAMES RICH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/96
Date

(904)446-1365
Daytime Phone #