

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000018561**

1. Corporation Name

**KONKAM, INC.**

Principal Place of Business	Mailing Address
8101 PHILLIPS HWY STE 10 JACKSONVILLE FL 32216 US	P.O. BOX 465 EMIGSVILLE PA 17318

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 Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida <b>02/27/1997</b>
Suite, Apt #, etc.	Suite, Apt #, etc.	5. FEI Number <b>58-2305690</b>
City & State	City & State	Applied For <b>Not Applicable</b>
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KRIEGER, KRISMAN L.J.	8101 PHILLIPS HIGHWAY	JACKSONVILLE FL 32216
D	KRIEGER, KURT J	8101 PHILLIPS HIGHWAY	JACKSONVILLE FL 32216

000003070550-3  
-12/15/99-010197-004  
150.00 150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KENT, FREDERICK H 225 WATER STREET SUITE 900 JACKSONVILLE FL 32202	Name <b>ANNE MARIE GENNYSA.</b> Street Address (P.O. Box Number is Not Acceptable) <b>830-13 AIA North</b> Suite, Apt. #, Etc. <b>Suite 322</b> City <b>Ponte Vedra Beach</b> State <b>FL</b> Zip Code <b>32082</b>
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 <i>Anne Marie GennySA</i>	Date <b>10/19/99</b>
REGISTERED AGENT MUST SIGN	

11. 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: *Kymra L. Krey* **KREY** **10/19/99** **(904)6360247**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2000 (1999)



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P.O. BOX 465 Emigsville, PA 17318  
717-843-6866  
Fax 717-843-6716

(2)

October 19, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Konkam Inc  
FEI # 58-2305690

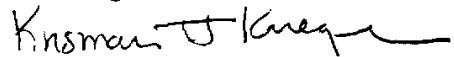
Dear Sir/Madam,

As per our conversation today, Konkam Inc. did not receive the annual report notice from the State of Florida and as a result did not file in a timely manner. We do not want to dissolve the Corporation.

Enclosed is a check for \$150.00 for the 1999 registration fee.

Thank you for your help.

Yours in good health,



Krisman L.J. Krieger  
President