

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katheryn Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000018561**

1. Corporation Name

**KONKAM, INC.**

Principal Place of Business

8101 PHILLIPS HWY  
STE 10  
JACKSONVILLE FL 32216  
US

Mailing Address

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/27/1997

5. FEI Number

58-2305690

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	4 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--01019-004  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

KENT, FREDERICK H  
225 WATER STREET  
SUITE 900  
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name  
**ANNE MARIE Gennysa.**  
Street Address (P.O. Box Number is Not Acceptable)  
**830-13 AIA North**  
Suite, Apt. #, Etc.  
**Suite 322**  
City  
**Ponte Vedra Beach** State  
**FL** Zip Code  
**32082**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of  
Registered Agent

*Anne Marie Gennysa*  
REGISTERED AGENT MUST SIGN

Date **10/19/99**

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:

*Kysman LT Krey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/19/99**  
Date

**(904) 636-0247**  
Daytime Phone #



**GOLD'S GYM.**

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

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