

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 NOV 26 AM 9:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA7 0000 18561

1. Corporation Name

Konkam Inc

2. Principal Office Address

8552 Baymeadows Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 465

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Emigsville PA

Zip

32256

Country

US

Zip

17318

Country

US

REINSTATEMENT 82-03

4. Date Incorporated or Qualified
To Do Business in Florida

5197

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. Name and Address of Current Registered Agent

Name

Krisman L.J. Krieger

Street Address (P.O. Box Number is Not Acceptable)

550 Lake Road

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

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

[Signature]

Date 11/25/03

REGISTERED AGENT MUST SIGN

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
<u>PRES.</u>	<u>Krisman L.J. Krieger</u>	<u>550 Lake Road</u>	<u>Ponte Vedra Beach FL 32082</u>
<u>V.P.</u>	<u>Kurt J. Krieger</u>	<u>2355 Springwood Road</u>	<u>York, PA 17402</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 739-1022

CR2E081 (10/02)