PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	AG CON 20 PM 1: 11
DOCUMENT #P970000 1. Corporation Name MKK, Inc.	,31770	TO OCT 29 PM 1: 11
2. Principal Office Address - No P.O. Box # 309 N. U.S. 1. Suite, Apt. #, etc.	3. Mailing Office Address 309. N. U.S. 4. Suite, Apt. #, etc.	000187221730 10/29/1001024003 **1050.00 cr28081 (6/10)
City & State ORMOND BEACH Zip Country 32174 VOlusia	City & State Ormand Beach Zip Country 32174 Volusia	4. Date Incorporated or Qualified To Do Business in Florida 4167 (1997) 5. FEI Number
7. Name and Address o	of Current Registered Agent	Peinstate 08-10
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 Date 10-26-2010 REGISTERED (GENT MUST SIGN		
Names and Street Addresses of Each Officer an	nd/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each	th City / Sente / Zin
Res Kenneth M H	layes 14 woodsong L	_N. Ormono Beach F1.32174
10. E-mail Address: Kenhayes 460 go 1, Com (To be used for future annual report notification)		
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 filling 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. I further certify, 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: 10/26/2010 386-675-3481 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		