

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 MAR 21 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000005309**

**1. Corporation Name**

**JUNKANOO PUBLICATIONS, INC.**

800003924688--1

-03/29/01--01009--002

\*\*\*1050.00

\*\*\*\*~~1050.00~~  
1050.00

**2. Principal Office Address**

**4675 Ponce de Leon Blvd**

Suite, Apt. #, etc.

**Suite 302**

City & State

**Coral Gables, FL**

Zip

**33146**

Country

**USA**

**3. Mailing Office Address**

**4675 Ponce de Leon Blvd**

Suite, Apt. #, etc.

**Suite 302**

City & State

**Coral Gables, FL**

Zip

**33146**

Country

**USA**

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**1/16/98**

**5. FEI Number**

**65-0914109**

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

**R. Keith Allen**

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

**4675 Ponce de Leon Blvd**

Suite, Apt. #, Etc.

**Suite 302**

City

**Coral Gables**

State

**FL**

Zip Code

**33146**

**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]*

REGISTERED AGENT MUST SIGN

Date **3/2/01**

**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
PD	GODFREY YOUNG	14500 SW 95 Ave Miami, FL 331	Miami, FL 33176
D	Janice Klein-Young	14500 SW 95 Ave	Miami, FL 33176
D	Connie Crowther	269 Giralda Ave, Skt 302	Coral Gables, FL 33134
			LS

**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

**GODFREY YOUNG**

**3/2/01** (904) 563-3532

Date

Daytime Phone #

CR2E081 (9/00)