PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JUN 25 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P98000048872

1. Corporation Name
VKM Ventures, Inc.

2. Principal Office Address	2. Mailing Office Address
240 S. Highland Street	240 S. Highland Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mount Dora, Florida	City & State: Mount Dora, Florida
Zip: 32757 Country: USA	Zip: 32757 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5-29-98

5. FEI Number: 59-3518391 ☐ 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: Blaine Vermeulen
Street Address (P.O. Box Number is Not Acceptable): 240 S. Highland Street
Suite, Apt. #, Etc.:
City: Mount Dora State: FL Zip Code: 32757

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: 6/24/02

CR2E061 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Charles Kennedy	1111 Avalon Way	Mount Dora, FL 32757
V. P.	Jack Morgan	1535 Heim Road	Mount Dora, FL 32757
Sec.	Blaine Vermeulen	621 Old Eustis Road	Mount Dora, FL 32757

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] Blaine Vermeulen, Sec. (352)383-6438 6/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #