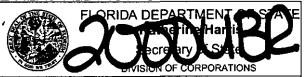
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



,	APPLICATION							
*	FOR							



DOCUMENT #

P99000061536

1. Corporation Name

J.K. OF INDIAN RIVER, INC.

FILED 00 OCT 23 AM 11: 12

SECRETARY OF STATE TALLAHASSEE FLORIDA

122 43RD. AVES.W. VERO BEACH FL 32962 If above addresses are incorrect in any way, line thr 2. New Principal Office Address, If Applicable 979 Beachland Boulevard Suite, Apt. #, etc. City & State Vero Beach, FL Zip Country 32963 USA			122 43RD. AVE.S.W. VERO BEACH FL 32962 nrough incorrect information and enter correction below. 3. New Mailing Office Address, if Applicable 979 Beachland Boulevard Suite, Apt. #, etc. City & State Vero Beach, FL Zip Country 32963 USA				4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number #65-0948960 6. CERTIFICATE OF STATUS DESIRED				
7. Names a	and Street Add	esses of Each Officer and	l/or Director (Flo	rida nonprof							
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
D		KEMPTON, JACK L			212 CONN WAY			VERO BEACH FL 32963			
								-11/0: ****	9/00011 58.75 *	25	
	8. Name	and Address of Current	t Registered Age	gent			Name and Address of New Registered Agent				
FENNELL, TODD W 979 BEACHLAND BLVD. VERO BEACH FL 32963 10. I, being appointed the registered agent of the above named corporation, am familiar w					Suite, A	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL Zip Code FL Zip Code FL Zip Code Zip Code					
Signature o Registered		Sirie in	REGISTERED AG	ENT MUST	SIGN	1.		Date	10/19/00)	
11 Leartify	that I am an of	ficer or director or the rece	eiver or trustee er	npowered to	execute this applic	ation as p	provided for in cha	pter 607 or 617	, F.S. I further ce	ertify 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 AND TYPED OR PRINTED NAME OF SIGN JACK D. KEMPTON, President

(561) 567-9830

Daytime Phone #

JACK L. KEMPTON

KEMPTON & KEMPTON PARTNERSHIP 122 43RD AVE. S. W. VERO BEACH, FLORIDA 32962 561-567-9830 FAX NUMBER 561-567-2100

October 19, 2000

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Kempton Management Limited Partnership

J.K. of Indian River, Inc.

To Whom It May Concern:

Enclosed please find the following:

- 1. Limited Partnership Reinstatement for Kempton Management Limited Partnership; and
- 2. Application for Reinstatement for a Corporation J.K. of Indian River, Inc.

I contacted the Division of Corporations by telephone. I indicated to them I have never received the Annual Report for either the partnership or the corporation, nor had I received the Notice of Intent to Revoke the Certificate of Authority. I checked the addresses being used, and the address is correct. I do not understand why the Annual Reports did not arrive at my office, as I receive tax reports and sales tax data from the Florida Department of Revenue and I did receive the Certificate of Revocation document.

I have been in business for over 35 years, and I have always timely filed all reports. I review my own mail and I hereby certify that I never received the Annual Reports or any Notice of Intent to Revoke.

Please reinstate the partnership and the corporation. Thank you for your assistance.

Sincerely,

JLK/pab. Enclosures