PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 NOV -3 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000108846

1. Corporation Name

MKM, INC.

Principal Place of Business	Mailing Address
9906 SW 19TH LANE GAINESVILLE FL 32608	9906 SW 19TH LANE GAINESVILLE FL 32608

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/16/1999

5. FEI Number: 59-3615369 — Applied For ☐ Not Applicable ☐ SP

6. CERTIFICATE OF STATUS DESIRED ☐ ($30.00 Additional Fee Required for a Certificate of Status)

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SPENCER, MARC	9906 SW 19TH LANE	GAINESVILLE FL 32608

200003473062--0
-11/21/00--01090--001
****750.00 ****750.00

8. Name and Address of Current Registered Agent

CLAYTON, JAMES E
111 SE 1ST AVE.
GAINESVILLE FL 32601

9. Name and Address of New Registered Agent

Name: MARC Spencer
Street Address (P.O. Box Number is Not Acceptable): 9906 SW 19th Lane
Suite, Apt. #, Etc.:
City: Gainesville | State: FL | Zip Code: 32608

CR2E104C (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 11/2/00
REGISTERED AGENT MUST SIGN

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 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] PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/00 Date
817-329-4104 Daytime Phone #