

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 16 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999-108846

1. Corporation Name

MKM, INC.

REINSTATEMENT 03-04

2. Principal Office Address

1309 Bellefonte

3. Mailing Office Address

1309 Bellefonte

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Colleyville, TX

City & State

Colleyville, TX

Zip

76034

Country

USA

Zip

76034

Country

USA

4. Date Incorporated or Qualified

To Do Business In Florida 12/16/1999

5. FEI Number

59-3615369

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

Adams, Hawes

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

2622 NW 43rd Street

Suite, Apt. #, Etc.

Suite A-3

City

Gainesville

State

FL

Zip Code

32606

300030577233

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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

Hawes Adams

Date

REGISTERED AGENT MUST SIGN

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
P	Spencer, Marc	1309 Bellefonte	Colleyville, TX 76034

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

Date

Daytime Phone #

CR2E081 (01/04)