


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

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

FILED
 02 MAR -8 AM 10:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 499198
1. Corporation Name
 KAKYJOHN, INC.

2. Principal Office Address
 2415 GRAND BLVD.
 Suite, Apt. #, etc.

3. Mailing Office Address
 Suite, Apt. #, etc.

City & State
 Holiday, Fl.

Zip 34690 **Country** USA

4. Date Incorporated or Qualified To Do Business in Florida 1977

5. FEI Number 591652788
 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

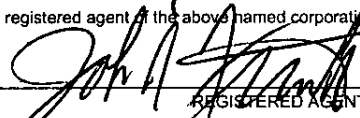
7. Name and Address of Current Registered Agent

Name John R. Frenette
Street Address (P.O. Box Number is Not Acceptable) 2413 GRAND BLVD.
 Suite, Apt. #, Etc.

City Holiday FL **Zip Code** 34690

600005168586--9
 -03/26/02--01024--014
 ****300.00 ***300.00

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.

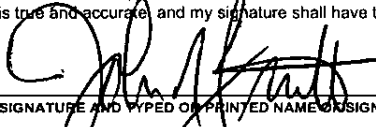
Signature of Registered Agent  **Date** 3-4-02
 REGISTERED AGENT MUST SIGN

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	John R. Frenette	2413 GRAND BLVD.	Holiday, Fl. 34690
ST	Jody Frenette	2413 GRAND BLVD.	Holiday, Fl. 34690

01-02 UBL: 100

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-4-02 **Daytime Phone #** 722-937-0627

John R. Frenette

CR2E081 (9/01)

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KakyJohn Inc.
2413 Grand Blvd.
Holiday, FL 33690

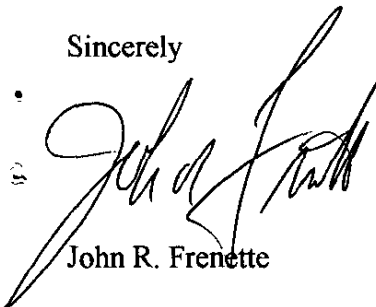
March 4, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

In regards to our corporation reinstatement, please find our check for \$300.00. I respectfully request that you waive the remainder of fees due to lack of correspondence during 2001.

Sincerely


John R. Frenette