


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 FEB 24 PM 4:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P03000052354**

1. Corporation Name
JMB + Company, Inc.

2. Principal Office Address 145 East Drive		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Nelbome, FL		City & State	
Zip 32904	Country USA	Zip	Country

900066892459
 03/01/06--01012--025 **450.00

REINSTATEMENT 04-06
 CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
81-0613482

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

7. Name and Address of Current Registered Agent

Name
Brown, James M.

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

Suite, Apt. #, Etc.

City
Nelbome

State
FL

Zip Code
32904

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.

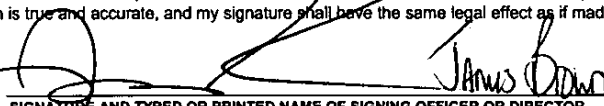
Signature of Registered Agent _____ Date _____

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	James M. Brown	145 East Drive	Nelbome, FL 32904

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 contained in Chapter 119, 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:  **James Brown**

Date: **1/31/06**

Daytime Phone #: **321-726-8000**

JMB & COMPANY, INC.
145 EAST DRIVE
MELBOURNE, FL 32904
(321)726-8000

TO WHOM IT MAY CONCERN:

WE ARE REQUESTING A WAIVER OF THE REINSTATEMENT FEE
DUE TO THE DIVISION OF CORPORATIONS NOT UP DATING
OUR CORRECT ADDRESS. WHICH IN TURN LED TO US NOT
RECEIVING 2004, 2005, 2006 ANNUAL REPORTS.

SHOULD YOU HAVE ANY QUESTIONS PLEASE FEEL TO CALL.

THANK YOU,

JAMES BROWN
PRESIDENT