PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 02, 2022 08:00 AM
Secretary of State

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2010 - 2022

CR2E081 (11/10)

DOCUMENT # P04000009632

1. Corporation Name

J&M AUTOMOTIVE GROUP, INC

2. Principal Office Address - No. P.O. Box #
601C WEST 27TH ST
Suite, Apt. #, etc.

City & State
SANFORD, FL

Zip: 32773 Country: USA

3. Mailing Office Address
521 EAGLE CIRCLE
Suite, Apt. #, etc.

City & State
CASSELBERRY, FL

Zip: 32707 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/12/2004

5. FEI Number: 20-0595789 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Scott R. Austin, Esq.

Street Address (P.O. Box Number is Not Acceptable)
c/o VLP LAW GROUP LLP 101 NE 3RD AVE

Suite, Apt. #, Etc
SUITE 1500

City: FORT LAUDERDALE State: FL Zip Code: 33301

5T 1-3-23

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: Scott R Austin
REGISTERED AGENT MUST SIGN

Date: 7/22/2022

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
PVST	Michael J. Butler	521 EAGLE CIRCLE	CASSELBERRY, FL 32707
D	Michael J. Butler	521 EAGLE CIRCLE	CASSELBERRY, FL 32707

10. **E-mail Address:** saustin@vlplawgroup.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Michael J Butler 7/22/22 689 444 0179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL J BUTLER