

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 20 PM 1:46

DOCUMENT # P93000072730

1. Corporation Name
JMG CONSTRUCTION CORPORATION

Principal Place of Business Mailing Address
1702 EAST TERRACE DRIVE 1702 EAST TERRACE DRIVE
LAKE WORTH FL 33460 LAKE WORTH FL 33460



REINSTATEMENT 25

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/11/1993	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0770295	
Country		Country		Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GULLMAN, NOEL J	1702 EAST TERRACE DRIVE	LAKE WORTH FL 33460
D	MCINTYRE, JEFFERY L	1262 ESSEX DRIVE	WELLINGTON FL 33414
D	James Hoffman M	14984 Rowan Ct	Wellington FL 33414

400003027174--2
-10/27/99--01106--016
***750.00 ***750.00

10/10/99

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GUETO, ELAYNE Z 1702 EAST TERRACE DRIVE LAKE WORTH FL 33460		Name Jeffery L McIntyre Street Address (P.O. Box Number is Not Acceptable) 1262 ESSEX DR Suite, Apt. #, Etc. 60 City Wellington FL State FL Zip Code 33414	

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: *Jeffery L McIntyre* REGISTERED AGENT MUST SIGN Date: 10/10/99

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)(l), 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: *Hal J. Gueto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #