

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
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000071742**

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1. Corporation Name

JMZ PROPERTIES, INC.

Principal Place of Business

Mailing Address

18903 SE FED HWY
 TEQUESTA FL 33469
 US

18903 SE FED HWY
 TEQUESTA FL 33469
 US



REINSTATEMENT 00-01

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

08/28/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0692987

Applicable
 Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ZUCCARELLI, JOHN M III	104 LIGHTHOUSE DRIVE	TEQUESTA FL 33469
			500004478265--9 -07/17/01--01002--007 ****988.00 ****988.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KRAMER, SCOTT ESQ
 6650 WEST INDIANTOWN ROAD #200
 JUPITER FL 33458

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

4/27/01

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)(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

John M. Zuccarelli, III

Date

Daytime Phone #

4/27/01 561-748-8883

CR2E040 (8/00)