

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 DEC 13 PM 7:00

CLERK OF COURT
TALLAHASSEE, FLORIDA

DOCUMENT # 621879

1. Corporation Name

J.M. Properties, INC

2. Principal Office Address - No P.O. Box #

11300 Overseas Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

11300 Overseas Hwy

Suite, Apt. #, etc.

City & State

Marathon, FL

Zip

33050

Country

United States

City & State

Marathon, FL

Zip

33050

Country

United States

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1979

5. FEI Number

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

Stevens, Patrick M.

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

5701 Overseas Hwy

Suite, Apt. #, Etc.

Suite 1

City

Marathon

State

FL

Zip Code

33050

900293237239
12/13/16--01016--028 **6000.00

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

REGISTERED AGENT MUST SIGN

Date **12/3/16**

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/D	Flowers, Joseph M.	835 97th Street Ocean	Marathon, FL 33050

DEC 14 2016

C. CARROTHERS

10. E-mail Address: **pstevens@flkeysattorney.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-6-16

Daytime Phone #