TOTAL P.02

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 641025

1. Corporation Name

J. M. 13, Inc.

REINSTATEMENT 1996-1999

400002766574--0
-02/05/99--01117--005
******8.75 ******8.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business
159 E. Enid Drive
Key Biscayne Fl. 33149

Mailing Address
159 E. Enid Dr.
Key Biscayne Fl
33149

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 Address, If Applicable	
Same		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/14/79

5. FEI Number: 59-2203567 ☐ Applied For ☐ Not Applicable

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/T	M. Ivette Martinez Thomas	159 E. Enid DR	Key Biscayne Fl 33149
D	M. Ivette Martinez Thomas	159 E. Enid DR.	Key Biscayne Fl 33149

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-02/05/99--01117--006
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

M. Ivette Martinez
159 E. Enid Drive
Key Biscayne Fl. 33149

9. Name and Address of New Registered Agent

Name: M. Ivette Martinez Thomas
Street Address (P.O. Box Number is Not Acceptable): 159 E. Enid Drive
Suite, Apt. #, Etc:
City: Key Biscayne State: FL Zip Code: 33149

CR2E040 (1/95)

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: M. Thomas — REGISTERED AGENT MUST SIGN — Date: 1/29/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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. 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: M. Thomas — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1/29/99 — Daytime Phone Number: 305/361-6605