SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -8 PM 4:45

CORPORATION REINSTATEMENT

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

DOCUMENT # 676902

1. Corporation Name

J W M, Inc.

00-01

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
31701 S.W. 194 Avenue	31701 S.W. 194 Avenue
Suite, Apt. #, Etc	Suite, Apt. #, Etc
City & State: Homestead, FL	City & State: Homestead, FL
Zip: 33030 Country: U.S.	Zip: 33033 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 7/29/80

5. FEI Number: 59-2031829 ☐ 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: Elliot P. Borkson

Street Address (P.O. Box Number is Not Acceptable): 350 E. Las Olas Blvd.

Suite, Apt. #, Etc: Suite 1900

City: Ft. Lauderdale State: FL Zip Code: 33301

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: Elliot Borkson
REGISTERED AGENT MUST SIGN

Date: 2/7/01

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
VSTD	Christopher Oppenheimer	31701 S.W. 194 Avenue	Homestead, FL 33030
PD	Jack W. Miller	31701 S.W. 194 Avenue	Homestead, FL 33030
VSD	John Connelly	31701 S.W. 194 Avenue	Homestead, FL 33030
			AD

10. 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.

By: Jack W. Miller, President

SIGNATURE: _____ 2/7/01 305-245-2966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : ATLAS PEARLMAN, P.A. -mpn
Account Number : 076247002423
Phone : (954)763-1200
Fax Number : (954)766-7800

CORPORATION REINSTATEMENT

J W M, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00

 2708-02