

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

PS 172
FILED
04 JUN 25 AM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000005777

1. Corporation Name

JMB HOLDINGS, INC.

2. Principal Office Address

21205 Yacht Club Drive

Suite, Apt. #, etc.

Suite 2910

City & State

Aventura, FL

Zip

33180

Country

USA.

DADE

3. Mailing Office Address

21205 Yacht Club Drive

Suite, Apt. #, etc.

Suite 2910

City & State

Aventura, FL

Zip

33180

Country

USA

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

1/6/01

5. FEI Number

22375 8602

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-24

7. Name and Address of Current Registered Agent

Name

BESCHEL, BARRY

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

21205 Yacht Club Drive

Suite, Apt. #, Etc.

Suite 2910

City

Aventura

State

FL

Zip Code

33180

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

Barry J. Beschel
REGISTERED AGENT MUST SIGN

Date

6/21/04

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
PD	BESCHEL, BARRY	21205 Yacht Club Dr	Aventura, FL 33180
VD	RAMETRA, MONISH K	69 MAZE Drive	Cromwell, NJ 07255

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.

SIGNATURE:

Barry J. Beschel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY J. BESCHEL

PD 6/21/04 305-986-2588

Date

Daytime Phone #

CR2001 (01/04)

PS 2082

21205 Yacht Club Drive
Suite 2910
Aventura, FL 33180

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: JMB Holdings, Inc. ID# 22-3758602

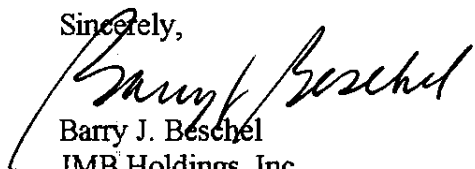
Dear Sirs:

Enclosed find payment for 2003 and 2004 Annual Report.

I respectfully request that the \$600 reinstatement fee be waived because we never received the pre-printed forms. The address is not complete. Suite #2910 must be included in address. Because of this omission, I never received the pre-printed annual report form.

Thank you.

Sincerely,


Barry J. Beschel
JMB Holdings, Inc.