

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # F43633

1. Corporation Name

J H M CORP.

Principal Place of Business

c/o Gerald Mehlich
Mehlich, Roegiers, Goldin & Co.
701 Colorado Avenue
Stuart, Florida 34995-3239

Mailing Address -

same as
principal place
of business

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-8-81

5. FEI Number

59-2127019

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
SEE SCHEDULE 1 ATTACHED HERETO AND MADE A PART HEREOF.			

900002362949-7

-12/04/97-01068-025

***915.00 ***915.00

JB
12-3-97

8. Name and Address of Current Registered Agent

John Walsh
220 Sunrise Avenue
Palm Beach, FL. 33480

9. Name and Address of New Registered Agent

Name
Gerald Mehlich
Street Address (P.O. Box Number is Not Acceptable) Mehlich, Roegiers
Goldin & Co., 701 Colorado Avenue
Suite, Apt. #, Etc.
City
Stuart
State
FL
Zip Code
34995-3239

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

Gerald Mehlich REGISTERED AGENT MUST SIGN

Date

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 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)(II), 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:

Michael W. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael W. Martin, President

1 DECEMBER 1997

Date

(609) 877-4353

Daytime Phone #

FILED

97 DEC -3 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 90-017

CR2E060 (12/94)

(2)

SCHEDULE 1
to
APPLICATION FOR REINSTATEMENT

Item 7. Names and Street Addresses of Each Officer and/or Director:

<u>TITLE(S)</u>	<u>NAMES OF OFFICERS AND DIRECTORS</u>	<u>ADDRESS OF EACH OFFICER AND DIRECTOR</u>
Director & President	Michael W. Martin	80 Tallwood Lane Willingboro, New Jersey 08046
Director & Secretary	Jane A. Martin	3636 Crystal Springs Road, N.E. Bainbridge Island, Washington 98110
Vice President	Susan J. Martin	4101 S.W. Egret Pond Terrace Palm City, Florida 34990
Vice President	Luis Gerardo Aguayo	3636 Crystal Springs Road, N.E. Bainbridge Island, Washington 98110
Treasurer	Diane M. Martin	80 Tallwood Lane Willingboro, New Jersey 08046