

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 18 PM 12:23

DOCUMENT # F97000001346

1. Corporation Name

J. N. M. Missouri Heights, Inc.

2. Principal Office Address

2453 S. Third St.

Suite, Apt. #, etc.

3. Mailing Office Address

2453 S. Third St.

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip

32250

Country

Duval

City & State

Jacksonville Beach, FL

Zip

32250

Country

Duval

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3430393

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

James N. McGarvey Jr

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

2453 S. Third St.

Suite, Apt. #, Etc.

City

Jacksonville Beach, FL 32250

State
FL

Zip Code

32250

200003575812
-01/26/01--01004--009
***1050.00 ***1050.00

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

James N. McGarvey Jr
REGISTERED AGENT MUST SIGN

Date 1-11-01

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
President	JAMES N. McGarvey, Jr	2453 S. Third St.	Jacksonville Beach, FL 32250

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:

James N. McGarvey Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES N. McGarvey, Jr.

1-11-01

Date

904 247-9160

Daytime Phone #