PLEASE REA	D ALL INST	RUCTIONS	BEFORE C	OMPLETI	ING THIS FORM.	10/-
REINSTALEMEN	S	A DEPARTMENT Sandra B. Mon Secretary of Street Stre	rtham State		PESTED ANTEC	JU Z
DOCÙMENT # H42152 1. Corporation Name				98 SEP 28 PM 3: 46 SECRETARY OF STATE		
JOHN M. ENTERPRISES, INC.				TÄLLÄHÄSSEE, FLÖRIDA		
Principal Place of Business	Mailing Addre	ss		1		
c/o James A. Schorner 3381 Ocean Drive Vero Beach FL 32963	ames A. Schorner Ocean Drive Beach FL 32963-1680					
If above addresses are incorrect in any way, line 2. New Principal Office Address, If Applicable Suite, Apl. #, etc.	ng Office Address, If Applicable			orated or Qualified less in Florida 2/11/1	1985	
City & State	·		VIO.		59-2499294	Applied For Not Applicable
Zip Country	Zip	Countr	у	6. CERTIFICATE		Additional Fee required Certificate of Status
7. Names and Street Addresses of Each Officer Name of Officers and/or Directors	Str	Street Address of Each Officer and/or Director		City / State / Zip		
				30	000026517 -09/29/9801(*****315.00 *	'331 068016 ****315.00
8. Name and Address of Curre	ent Registered Agen	11	7	9. Name and A	ddress of New Registered Ager	S (V)
James A. Schorner 3381 Ocean Drive Vero Beach FL 32963-1680			Name Street Address (P.O. Box Number is Not Acceptable)			
			Suite, Apl. #, Etc. City State Zip Code FL			
10. I, being appointed the registered agont of the Signature of Registered Agent Jumes (Chorne	ation, am familiar wil	th and accept the op	digations of Section	Date 9/21/98_	
11. This corporation owes or Intangible Personal Prope			ar Yes 🗹	No 🗆	(See other side for on inta ng ible	
12. I certify that I am an officer or director or the rethis reinstalement application, the reason for dieved by the corporation have been paid and the on this application is true and accurate, and my	lissolution has been el he names of individua	lliminated, the corpo als listed on this forn	rate name satisfies t m do not qualify for a	the requirements o an exemption unde	of section 607.0401 or 617.0401, F	F.S., that all tees

Daylinie Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John M. Prest

SIGNATURE:



JAMES A. SCHORNER, P. A.

Attorney at Law Certified Public Accountant

3381 Ocean Drive Vero Beach FL 32963-1680 (561) 231-5300 ◆ (800) 330-5300

Fax: (561) 231-5343

Email: Jschorner @ Juno.com

September 21, 1998

Florida Dept. of State Division of Corporations / Annual Report Filings PO Box 6327 Tallahassee FL 32314

Re:

John M. Enterprises, Inc. Document #H42152

Dear Sir:

Enclosed is an application for reinstatement of John M. Enterprises, Inc. The corporation's check in the amount of \$315 for the combined 1997 and 1998 annual report fees is enclosed. We request that the department waive the additional fees to reinstate the corporation as the dissolution occurred due to a clerical error within your department. The corporation's 1996 annual report indicated a change in the corporation's mailing address, the new address was not recorded and we did not receive the 1997 and 1998 annual reports. The corporation filed its F-1120 and intangible tax reports for 1997 in timely manner.

Please call if you have any questions.

Sincerely,

The above is true and correct under penalties of perjury.

John M. Prest, President

John M. Enterprises, Inc.

:bd

Enclosures:

Letter for waiver of penalty

Application for reinstatement Check for fees, \$315.00

Envelope to division of corporations