

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

02 OCT 25 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J 34851

1. Corporation Name
Jamos Management Co.

2. Principal Office Address

10651 W. Oakland PKB

Suite, Apt. #, etc.

3. Mailing Office Address

ud. SAME

Suite, Apt. #, etc.

City & State

Sunrise, Fla.

City & State

Zip

33351

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2723905

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

Laurie Amos-Fox

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

2741 NE 29 Ct.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code

33306

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

Laurie Amos-Fox

REGISTERED AGENT MUST SIGN

Date

10/21/02

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
Pres.	Jacquelyn Amos-Murray	2302 bay Dr.	Pompano Bch. Fl. 33062
Treas.	Laurie Amos-Fox	2741 NE 29 Ct.	Ft. Lauderdale, Fl. 33306

00-02 URG

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:

Laurie Amos-Fox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02

Date

Daytime Phone #

CR2E081 (9/01)

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Jamos Management Company, Inc.
10651 West Oakland Park Blvd
Sunrise, FL 33351

October 21, 2002

To Whom It May Concern:

2000

We have not received our annual corporation renewal for the past 3 years, including this year, and would like to be reinstated. I have updated our corporations information on the reinstatement document.

Thank You,

A handwritten signature in cursive script, appearing to read "Laurie Amos-Fox".

Laurie Amos-Fox
Vice-President