

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 27 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J 34857**

1. Corporation Name

Jamos Management Co., Inc.

600029571696
03/01/04--01025--011 **908.75

REINSTATEMENT 03-04

2. Principal Office Address

10657 W-Oakland AVE Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Same

Zip

33357

Country

U.S.

Zip

Same

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/1984

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, FL

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 **2-21-04**

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
P	Jacquelyn Amos-Murray	2302 Bay Dr.	Pompano Bch. FL 33060
T	Laurie Amos-Fox	2741 NE 29 Ct.	Ft. Lauderdale, FL 33304

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

Date

2-21-04

Daytime Phone #

954-748-4409

CR2E081 (01/04)