

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 10 PM 12:02

DOCUMENT # K04876

1. Entity Name
J & M FAMILY CORP.



Principal Place of Business
19 WHISPERING SANDS DR
#1102
SARASOTA, FL 34242 US

Mailing Address
19 WHISPERING SANDS DR
#1102
SARASOTA, FL 34242 US

REINSTATEMENT 05



2. Principal Place of Business

3. Mailing Address

c/o Barbara J. Ahern

Suite, Apt. #, etc.

Suite, Apt. #, etc.

28 Tamarac Road

10172005 REIN-P CR2E098 (6/04)

City & State

City & State
Troy, NY

4. FEI Number
65-0026732

Applied For
Not Applicable

Zip

Country

Zip
12180

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AHERN, JOHN F.
19 WHISPERING SANDS DR
#1102
SARASOTA, FL 34242

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John F. Ahern

(NOTE: Registered Agent signature required when reinstating)

11/5/05

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME AHERN, JOHN F.
STREET ADDRESS 19 WHISPERING SANDS DR #1102
CITY-ST-ZIP SARASOTA, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME AHERN, BARBARA J
STREET ADDRESS 28 TAMARAC RD
CITY-ST-ZIP TROY, NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ANDERSON, KENT J.
STREET ADDRESS 4255 MARIANA WAY
CITY-ST-ZIP SARASOTA, FL 34233

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John F. Ahern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/05 941/346/1635

Date

Daytime Phone #