

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR -6 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K46498**

1. Corporation Name

J M H PROPERTY INVESTMENTS, INC.

500199541195
04/06/11--01026--012 ***149.80

500199541195
03/28/11--01054--005 ***758.75

CR2B081 (6/10)

2. Principal Office Address - No P.O. Box #

6340 NW 200 Street

3. Mailing Office Address

6340 NW 200 Street

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI FLA.

City & State

MIAMI FLA

Zip

33015

Country

DADE

Zip

33015

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/88

5. FEI Number

**K46498
65-0322996**

☒ 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

FLORENCE FLANDERS

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

6340 N.W. 200 Street

Suite, Apt. #, Etc.

M

City

MIAMI

State

FL

Zip Code

33015

REINSTATEMENT 10

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

Florence Flanders

REGISTERED AGENT MUST SIGN

Date **3/23/11**

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.	FLORENCE FLANDERS	6340 NW 200 Street	MIAMI, FL 33015
V.P.	FLORENCE FLANDERS	6340 NW 200 Street	MIAMI, FL 33015
	Secretary ←		

10. E-mail Address: **Charlene-Flanders@yahoo.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Florence Flanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/23/11

Daytime Phone #