

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 SEP 28 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 160482

1. Corporation Name

J. M. H. DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

405 E. MARQUIS ST.
MELBOURNE, FL. 32901

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. N/A

Suite, Apt. #, etc. N/A

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 9/6/98

4. Date Incorporated or Qualified
To Do Business in Florida

1-24-1989

5. FEI Number

59-2927850

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JAMES M. HARRIS	405 E. MARQUIS ST.	MELBOURNE, FL. 32901
S	KRISTINA G. HARRIS	405 E. MARQUIS ST.	MELBOURNE, FL. 32901

9000002651789--7
-09/23/98--01071--019
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

JAMES M. HARRIS
405 E. MARQUIS ST.
MELBOURNE, FL 32901

9. Name and Address of New Registered Agent

Name
KRISTINA HARRIS
Street Address (P.O. Box Number is Not Acceptable)
405 E. MARQUIS ST.
Suite, Apt. #, Etc.

City
Melbourne

State
FL

Zip Code
32901

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

THE REGISTERED AGENT MUST SIGN

Date

9-23-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-23-98 (407)
724-9018