

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2006 OCT 18 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L76432**

1. Corporation Name

**J S N MORTGAGE, INC.**

2. Principal Office Address

**540 N.W. 165 ST. RD.**

3. Mailing Office Address

**540 N.W. 165 ST. RD.**

Suite, Apt. #, etc.

**SUITE 205**

Suite, Apt. #, etc.

**SUITE 205**

City & State

**MIAMI, FL.**

City & State

**MIAMI, FL.**

Zip

**33169**

Country

**USA**

Zip

**33169**

Country

**USA**

**REINSTATEMENT**  
CR2E081 (12/05)

**91-06**

4. Date Incorporated or Qualified  
To Do Business in Florida

**MAY 29, 1990**

5. FEI Number

**65-019604-0**

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

**JOSEPH S. NICHOLS**

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

**271 N.W. 147 ST.**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33168**

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

**Joseph S. Nichols**

REGISTERED AGENT MUST SIGN

Date **10-17-06**

**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
<b>P/S</b>	<b>JOSEPH S. NICHOLS</b>	<b>271 N.W. 147 ST.</b>	<b>MIAMI, FL. 33168</b>

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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 contained in Chapter 119, 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:

**Joseph S. Nichols**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-17-06**

Date

**(305) 945 0082**

Daytime Phone #

10-17-06

TO WHOM IT MAY CONCERN:

I JOSEPH B. NICHOLS PRES/SEC. OF  
JBN MORTGAGE, INC.

DID NOT RECEIVE ANY ANNUAL  
REPORT FOR THE CALENDAR YEAR  
OF 1990 OR 1991. NOR DID I  
RECEIVE ANY NOTICE FROM  
FLA. DEPT. OF STATE CONCERNING  
THE STATUS OF MY CORPORATION.

ENCLOSED IS A CHECK FOR \$2,437.50

FOR CORP. REINSTATEMENT AND

REQUESTING WAIVING THE \$600.00  
PENALTY FEE.

Thank You  
Joseph B. Nichols