

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **LEVEL**

AND
FILED

03 SEP 16 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M 42926

1. Corporation Name

THE J. & R. M. CORPORATION.

2. Principal Office Address

175 Fontainebleau Blvd.

Suite, Apt. #, etc.

Suite 1-D

City & State

Miami Florida

Zip

33172

Country

U.S.A.

3. Mailing Office Address

175 Fontainebleau Blvd.

Suite, Apt. #, etc.

Suite 1-D

City & State

Miami Florida

Zip

33172

Country

U.S.A.

400023517614
10/02/03--01075--005 **1926.25

REINSTATEMENT 92-03

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1986

5. FEI Number

650039794

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

RABINDRANATH MAHARAJ.

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

9417 Fontainebleau Blvd.

Suite, Apt. #, Etc.

Apt. 101.

City

MIAMI

State

FL

Zip Code

33172

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

Rabindranath Maharaj

REGISTERED AGENT MUST SIGN

Date 3rd Sept. 2003.

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. / S/D	RABINDRANATH MAHARAJ.	9417 Fontainebleau Blvd. #101	Miami FL. 33172
VP	NARINE DHARRIE MAHARAJ	9417 Fontainebleau Blvd #101	Miami, FL. 33172

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:

Rabindranath Maharaj

RABINDRANATH MAHARAJ.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3rd Sept. 03

305-226-5263.

Daytime Phone #

CR2E081 (10/02)

FLORIDA Dept. of State
Division of Corporations
409 EAST Gaines Street,
Tallahassee, Fl. 32399.

Dear Sirs,
Ref. The J. & R. M. Corporation
Doc. # M42926

This is to advise you that I have not received the Annual Report Business Form since the year 1992, and, I hereby kindly request you to waive the necessary fee. I have spoken to Ms. Michelle Milligan and she advised me to send a check for \$1926.25 together with the sum of \$35.00 being the Amendment fee.

Thanking you

Lebidranath Moharaj

(President)

9/09/03

1- 305-226-5260

1- 305-599-9137

("A")