

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 11 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M46674

1. Corporation Name JMF Enterprises, Inc.
c/o Joan Fitzpatrick

2. Principal Office Address
5339 TAY Court

Suite, Apt. #, etc.

City & State
Melbourne Beach

Zip 32951 **Country** USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FL

Zip **Country**

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
59-3216015

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name Joan M. Fitzpatrick

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

5339 TAY COURT

Suite, Apt. #, Etc.

City Melbourne Beach

State FL **Zip Code** 32951

800030385388

03/12/04--01051--022 **1059.75

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 Joan M. Fitzpatrick

REGISTERED AGENT MUST SIGN

Date 3/10/04

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, T	Joan M. Fitzpatrick	5339 TAY COURT	Melbourne FL 32951
VP, S	Chris Meurett	851 Maguire Rd	OCFEE, FL 34761

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:

Joan M. Fitzpatrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06 321-952-2981

Date

Daytime Phone #

CR2E081 (01/04)