

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 APR 15 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

P00000011942

**1. Corporation Name**

J.J.E.M., Inc.  
5707 Newbury Circle  
Melbourne, Florida 32940

**2. Principal Office Address**

5707 Newbury Circle

**3. Mailing Office Address**

Melbourne, Florida 32940

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

Melbourne, Florida

**City & State**

**Zip**

32940

Country  
USA

**Zip**

Country

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

1/24/00

**5. FEI Number**

59-3623209

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**

Elisabete V. Medeiros

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

5707 Newbury Circle

**Suite, Apt. #, Etc.**

**City**

Melbourne

State  
**FL**

**Zip Code**

32940

400005338484-4

04/25/02 01004-087

\*\*\*\*900.00 \*\*\*\*900.00

**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

*Elisabete V. Medeiros*

Date 4/9/02

Elisabete V. Medeiros

REGISTERED AGENT MUST SIGN

**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
	John A. Medeiros	5707 Newbury Circle	Melbourne, FL 32940
	Elisabete V. Medeiros	5707 Newbury Circle	Melbourne, FL 32940

**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:**

*Elisabete V. Medeiros*  
John A. Medeiros  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/02

Daytime Phone #

(321) 409-8217