

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 JUL -6 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P0000062456

1. Corporation Name

JERMC Management Corp.

2. Principal Office Address

18298 Sunset Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

City & State

Redington Shores, FL

City & State

Zip  
33708

Country

Pinellas

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06-27-2000

5. FEI Number

59-3671330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name  
Nashaat Antonious

Street Address (P.O. Box Number is Not Acceptable)  
18298 Sunset Blvd.

Suite, Apt. #, Etc.

#1

City  
Redington Shores

State  
FL

Zip Code  
33708

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

*Nashaat Antonious*

REGISTERED AGENT MUST SIGN

Date  
06-29-2006

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
PT	Nashaat Antonious	18298 Sunset Blvd. #1	Redington Shores, FL 33708
VPS	Soherr Antonious	18298 Sunset Blvd. #1	Redington Shores, FL 33708

500077380115

07/12/06--01012--002 \*\*1050.00

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:

*Nashaat Antonious*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-29-06 727-381-2300

Date

Daytime Phone #