

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

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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 #