

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 NOV 30 PM 4:00

DOCUMENT # P0000066080

1. Corporation Name
JOMAMA TRIO CORPORATION

Principal Place of Business Mailing Address
 670 WHISPERING SANDS LANE PO BOX 4258
 VERO BEACH FL 32963 VERO BEACH FL 32964



REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida	07/10/2000
Suite, Apt. #, etc. 380 SABAL PALM LN	Suite, Apt. #, etc. P.O. Box 3100	5. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
City & State VERO BEACH, FL	City & State VERO BEACH, FL	N/A	
Zip 32963	Country USA	Zip 32964	Country USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WEIBEL, JOSEPH J	380 SABAL PALM LANE	VERO BEACH FL 32963
D	WEIBEL, MARK	670 WHISPERING SANDS LANE	VERO BEACH FL 32963
D	BALLARD, MARK	760 8TH COURT SUITE #3	VERO BEACH FL 32962
			800004721108--3 -12/12/01--01074--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent WEIBEL, MARK 670 WHISPERING SANDS LANE VERO BEACH FL 32963	9. Name and Address of New Registered Agent Name JOSEPH J WEIBEL Street Address (P.O. Box Number is Not Acceptable) 380 SABAL PALM LN Suite, Apt. #, Etc. City VERO BEACH State FL Zip Code 32963
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Joseph J Weibel* Date 10-24-01

REGISTERED AGENT MUST SIGN **AD**

11. 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: *Joseph J Weibel* Date 10-24-01 Daytime Phone # (561) 231-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)