


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OFFER REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000107724** ✓

1. Corporation Name

JM ENTERPRISES, INC.

Principal Place of Business

**969 JADESTONE CIRCLE
ORLANDO FL 32828**

Mailing Address

**969 JADESTONE CIRCLE
ORLANDO FL 32828**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/2000

5. FEI Number

59-3683268

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	KASABWALA, MAMATA	969 JADESTONE CIRCLE	ORLANDO FL 32828
VS	RANA, JAGRUTI	969 JADESTONE CIRCLE	ORLANDO FL 32828
			100004669241-3
			-11/06/01--01064--022
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

**KASABWALA, YOGESH B
969 JADESTONE CIRCLE
ORLANDO FL 32828**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/1/01

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:

M. Kasabwala REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/1/01

JM ENTERPRISES, INC.
969 JEDESTONE CIRCLE
ORLANDO, FL. 32828

October 18, 2001

Secretary of State
Division of Corporation
P.O.Box 6327
Tallahassee Fl 32314

Ref:- Document #P00000107724
EIN:-59-3683268
Waiver of penalty

Déar Sir/Madam,

With reference to above, I undersigned KASABWALA MAMATA, President of JM ENTERPRISES, INC. would like to request you to waive the penalty for non-payment of Annual Filing Fees for 2001 on the following grounds.

I never received the Annual Filing Form for 2001, may be lost in the mail and/or delivered back to you, which was not forwarded to us. Unfortunatley, I never realized that I did not pay the annual filing fee for 2001 as I did not received the Filing Form for 2001. This being our first year in Florida, as we moved from New Jersey, we have no knowledge of renewal procedure. I would like to request you to waive the penalty on the basis of lack of knowledge, information and misunderstandings.

As discussed with one of your representative, about the waiver of penalty, I am enclosing herewith the check of \$150.00 being an annaul filing fee for 2001 as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, information, misunderstanding and undue hardship in this bad economy. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you. Sincerely,

(KASABWALA MAMATA)

encl:- as above