

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 10 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000044756**

1. Corporation Name

**JMM SERVICES, CORP.**

Principal Place of Business

**10474 BOYTON PLACE CIRCLE #632  
BOYTON BEACH FL 33437**

Mailing Address

**10474 BOYTON PLACE CIRCLE #632  
BOYTON BEACH FL 33437**



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

**05/03/2001**

5. FEI Number

**65-1098537**

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RIMOLA, MARIA	10474 BOYTON PLACE CIRCLE #632	BOYTON BEACH FL 33437
VD	BEDOYA, JOSE E	10474 BOYTON PLACE CIRCLE #632	BOYTON BEACH FL 33437
SD	BEDOYA, WOLFFAUG	10474 BOYTON PLACE CIRCLE #632	BOYTON BEACH FL 33437

**400010005424**  
**01/10/03--01019--003 \*\*307.00**

8. Name and Address of Current Registered Agent

**RIMOLA, MARIA  
10474 BOYTON PLACE CIRCLE #632  
BOYTON BEACH FL 33437**

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
**REGISTERED AGENT MUST SIGN**

Date

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:

**SIGNATURE REQUIRED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

January 7, 2003

Division of Corporations  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee, FL 32302-1500

DOC: P01000044756

To Whom This May Concern,

I am writing this letter because my corporation JMM SERVICES, CORP. has been dissolved for failure to send in my Uniform Business Report and payment of the renewal fee. Please be advised that I have not yet received any correspondence in the mail to renew my corporation other than this Notice of Administrative Dissolution I just received and realized the status of my corporation.

I have enclosed a check for the amount of \$300.00 to pay for the renewal with the completed Application For Reinstatement, I ask you to please wave any penalties I may have and please accept my payment. Thank you for your help in this matter. If there is anything else that needs to be done please contact me.

Sincerely,

JMM SERVICES, CORP.

*x Maria Rimola*  
Maria Rimola  
President