

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



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

FILED

03 MAR 18 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000062441

1. Corporation Name

SJM INCORPORATED

Principal Place of Business

11450 KINGSLEY MANOR WAY
JACKSONVILLE FL 32225

Mailing Address

11450 KINGSLEY MANOR WAY
JACKSONVILLE FL 32225

2002-2003
4/13/03



0203

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

06/21/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

01-0578796

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PIT	David A Buchman	11450 Kingsley Manor Way	Jacksonville, FL 32225
VIS	Sherry L Buchman	11450 Kingsley Manor Way	Jacksonville, FL 32225

000013907640
09/11/03--01011--017 **300.75

8. Name and Address of Current Registered Agent

BUCHMAN, DAVID A
11450 KINGSLEY MANOR WAY
JACKSONVILLE FL 32225

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

3/4/03

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
David A Buchman

3/4/03

Date

904-434-1850
Daytime Phone #

CR2040 (8/02)

2082

David A. Buchman
SJM, Inc.
11450 Kingsley Manor Way
Jacksonville, FL 32225

March 4, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is to serve as notice that SJM, Inc. did not received two prior uniform business report notices. SJM, Inc. is requesting that the reinstatement fee be waived. Enclosed is 300.00 and a completed application for reinstatement and the appropriate UBR fee.

If you have any questions, please contact me at 904-434-1850. Thank you for your assistance.

Sincerely,



David A. Buchman
President, SJM Inc.

\$8.75 Additional Fee for Certificate of Status