PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMEN	与他的发展之子在 社员	Kather Secreta	RTMENT OF STATE ine Harris ary of State corporations	60.0	O3 DEC 26 TALLAHASSE	PH 3: 27
DOCUMENT # PO1000066528 1. Corporation Name J. M. T. INVESTORS, INC.					TALLAHASSE	E. FLÖRIÐA
J. M. 1 INVESTIGET						
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2. Principal Office Address 4301 S. W. 62 AVR.		3. Mailing Office Address 4301 S. W. 62 Ave			A A Charle Line	05
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 7-06-200/		
City & State DAVIE, Flor	-iD A	City & State DAVIE, Flon'DA		5. FEI Number Applied For Not Applicable		
33314 U.S.A		Zip 33314	Country U.S.A.	6.	 -	\$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent						
Name JUAN A. AGUI A Street Address (P.O. Box Number is Not Acceptable) 4301 SW 62 AVENUE Suite Act # Etc.						
Suite, Apt. #, Etc.						
City DAVIE,					State Zip Code FL 333/	4
8. I, being appointed the registered agent of the above pamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN						
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	
	MARTHA E. Perez		11770 W. Golf Dri Ve #5-102		Miani, 3	=1. 33167 1. 33314
YPD.TS. JUAN	S. JUAN A. AGuila		4301 S.W. 62 Ave		DAN'e, F	1. 33314
	·				. 1	10/0
					A	140/100
					7	
10. I certify that I am an officer or director or the receiver prifusites expowered 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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #						

JMT Investors, Inc. 4301 S.W. 62nd Avenue Davie, Florida 33314 (954)-792-7152

December 23, 2003

Ms. Lilliston Division of Corporation Department of Reinstatement of Corporations Tallahassee, Florida

Dear Madam:

I am writing this letter to explain that I did not received the annual report and I'm enclosing with this letter as requested the \$150.00 fee for reinstatement as per instructions from the Division of Corporations, Reinstatement Department.

Thanking you in advance for your consideration and help on this matter.

Thank you again, Sincerely,