

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 13 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000079720**

1. Corporation Name **JEM 2 PROPERTIES &
INVESTMENTS INC**

REINSTATEMENT 03

2. Principal Office Address **3200 N FED HWY**

Suite, Apt. #, etc. **124**

City & State **BOCA RATON FL**

Zip **33431** Country **USA**

3. Mailing Office Address **3200 N FED HWY**

Suite, Apt. #, etc. **124**

City & State **BOCA RATON FL**

Zip **33431** Country **USA**

04-17-03 90155-008 \$50.00

4. Date Incorporated or Qualified
To Do Business in Florida **12/1/2001**

5. FEI Number **65-1131647** Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **MICHAEL A WATSON**

Street Address (P.O. Box Number is Not Acceptable) **3200 N FED HWY**

Suite, Apt. #, Etc. **124**

City **BOCA RATON**

State **FL** Zip Code **33431**

8. I, being appointed the registered agent of the above named 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

Date **10/1/03**

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	MICHAEL WATSON	3200 N. FED HWY STE 124	BOCA RATON FL 33431

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/6/03 561-391-071

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL 32314

10/6/03

RE:
JEM-2 PROPERTIES + INVESTMENTS INC

3200 N. FED AVE
BOCA RATON FL 33431

STE 124
E1 # 65-1131647

DOCUMENT # PO1000079720

PLEASE REIN STATE CORPORATION
WE NEVER RECEIVED REJECTION
LETTER FOR 2003 BUSINESS REPORT

Yours Truly


MICHAEL WATSON PRES