

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 SEP 23 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 101000090370

**1. Corporation Name**  
JAMARO, INC.

3520 THOMASVILLE ROAD, 4TH FLOOR  
TALLAHASSEE, FLORIDA 32309

**2. Principal Office Address**  
3520 THOMASVILLE ROAD, 4TH FL

**3. Mailing Office Address**  
TALLAHASSEE, FLORIDA 32309

Suite, Apt. #, etc.  
THE FOURTH FLOOR

Suite, Apt. #, etc.  
THE FOURTH FLOOR

City & State  
TALLAHASSEE, FLORIDA

City & State  
TALLAHASSEE, FLORIDA

Zip  
32309

Country  
USA

Zip  
32309

Country  
USA

800041606878  
10/05/04--01040--023 \*\*450.00

**REINSTATEMENT**

0204

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

☒ 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  
SUSAN S. THOMPSON

Street Address (P.O. Box Number is Not Acceptable)  
3520 THOMASVILLE ROAD

Suite, Apt. #, Etc.  
FOURTH FLOOR

City  
TALLAHASSEE

State  
FL

Zip Code  
32309

**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

Date

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
D	KENNETH B. SMITH	POST OFFICE BOX 321	LLOYD, FLORIDA 32337
D	SUSAN S. THOMPSON	3520 THOMASVILLE ROAD, 4TH FLO	TALLAHASSEE, FL 32309
D	W. CRIT SMITH	3520 THOMASVILLE ROAD, 4TH FLO	TALLAHASSEE, FL 32309
D	K. BRUCE SMITH, JR.	7882 MCCLURE DRIVE	TALLAHASSEE, FL 32312

**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)(f), 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

9/23/04

Date

850-893-4105

Daytime Phone #

CR2E061 (01/04)

85

20fz

SMITH, THOMPSON, SHAW & MANAUSA, P.A.

ATTORNEYS AT LAW  
FOURTH FLOOR  
3520 THOMASVILLE ROAD  
TALLAHASSEE, FLORIDA 32309-3469

W. CRIT SMITH  
DANIEL E. MANAUSA  
SUSAN S. THOMPSON\*

\*ALSO ADMITTED IN GEORGIA

(850) 893-4105  
FAX (850) 893-7229  
FAX (850) 893-4839

FRANK S. SHAW, III  
DAVID K. MINACCI\*  
SHAWN P. GOLETZ  
MARY ELIZABETH WATTS

September 23, 2004

State of Florida  
Secretary of State  
107 W. Gaines Street  
Collins Building, Room 255  
Tallahassee, Florida 32399-0250

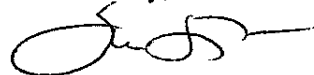
Re: Jamaro, Inc.  
Document Number P01000090370

Dear Sir or Madam:

Enclosed please find a check in the amount of \$450.00 and the Corporation Reinstatement form for the years 2002, 2003 and 2004. The reminders were sent to 3520 Thomasville Road, Tallahassee, Florida 32309. Please note, the correct address is 3520 Thomasville Road, The Fourth Floor, Tallahassee, Florida 32309.

Should you have any questions or need anything further, please do not hesitate to contact me.

Sincerely,

  
Susan S. Thompson

SST/srb

Enclosure

RECEIVED  
01 SEP 23 PM 4:05  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA