


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 19 AM 9:05

DOCUMENT # P01000095716

1. Corporation Name

JSM Consultants Inc

KS

000162955940
11/19/09--01036--006 **300.00

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box # 2412 W Jetton Ave		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Fl		City & State	
Zip 33629	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 9/21/2001	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 593726340		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
John S Martinez


Street Address (P.O. Box Number is Not Acceptable)
2412 W Jetton Ave

Suite, Apt. #, Etc.

City Tampa	State FL	Zip Code 33629
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 11/17/09

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
President	John S Martinez	2412 W Jetton Ave	Tampa, Fl 33629

10. E-mail Address: JSMCONSULTANTSINC@yahoo.com
(To be used for future annual report notification)

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. I further certify, 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 11/17/09 Daytime Phone # 813-267-2033

November 17, 2009

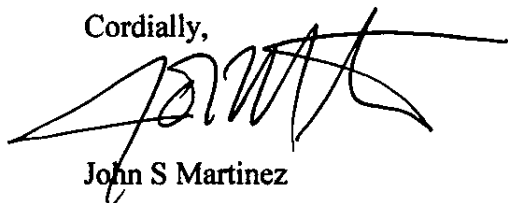
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Mr. Hunt,

Enclosed you will find the completed application and the fee for the two years of annual report, required to re-instate my corporation that was mistakenly dissolved by the state. I would like to thank you for assistance in clearing up this matter. The corporation that requested to be dissolved was Doc.#P03000074458-jsm consulting and instead my corporation was dissolved JSM CONSULTANTS INC Doc.#P01000095716.

Thank you again for your help in resolving this problem, I greatly appreciate your excellent service.

Cordially,



John S Martinez