

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

NOV 13 2001
DIVISION OF CORPORATIONS

03 NOV 13 PM 12:59

DOCUMENT # **P01000098153**

1. Corporation Name

J.M.L. Motors, Inc.

800024962088
11/24/03--01026--014 **\$600.00

800024962088
11/24/03--01026--013 **\$150.00

2. Principal Office Address

127 SW 7th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

127 SW 7th Ave

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33312

Country

U.S.A.

Zip

33312

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10-5-2001

5. FEI Number

75-2984569

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

John Lombardi

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

516 SW 9th Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33315

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

[Signature]

Date

11/12/03

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 |
|----------|--------------------------------------|---|----------------------------------|
| P | John Lombardi | 516 SW 9th Street | Fort Lauderdale, FL 33315 |
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/03 (954) 383-8437

CR2E081 (10/02)