2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2009 OCT 15 P 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000073997

1. Entity Name
JMJ DEVELOPERS, INC.

Principal Place of Business	Mailing Address
2100 TRADE CENTER WAY SUITE D NAPLES, FL 34109	2100 TRADE CENTER WAY SUITE D NAPLES, FL 34109
2. Principal Place of Business - No P O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

10122009 REIN-P CR2E098 (1/07)

4. FEI Number 01-0734920 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKRIVAN, KENT A 801 LAUREL OAK DRIVE, SUITE 705 NAPLES, FL 34108	Name Street Address (P.O Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Kent A. Skrivan October 15, 2009
Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2010, Fee will be $900.00

Did not receive forms would you please waive the Reinstatement fee

DOS-4500453-10090
10/12/09--01012--021

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE DP NAME MUSUMANO, PATSY STREET ADDRESS 2100 TRADE CENTER WAY STE D CITY-ST-ZIP NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE DVST NAME MUSUMANO, DONNA STREET ADDRESS 2100 TRADE CENTER WAY STE D CITY-ST-ZIP NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

REINSTATEMENT 2009

700016160924 7
10/12/09--01012--002 **765.00

Refund $600.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10/14/09 239-825-6937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PATSY MUSUMANO