

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 NOV 15 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000077271

1. Corporation Name

JMRZ Management, Inc.

REINSTATEMENT

CR2E081 (1/07)

03-07

2. Principal Office Address - No P.O. Box #

6800 NW 193 St.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 420

Suite, Apt. #, etc.

City & State

Orange Lake, FL

City & State

Orange Lake, FL

Zip

32681

Country

USA

Zip

32681

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/16/02

5. FEI Number

22-3857332

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

Becky Thomas

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

6800 NW 193 St.

Suite, Apt. #, Etc.

City

Orange Lake

State

FL

Zip Code

32681

☒ 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 11/14/07

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	Becky Thomas	6800 NW 193 St.	Orange Lake, FL 32681

900112351589
11/16/07--01004--006 **750.00

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 contained in Chapter 119, 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:

Becky Thomas

11/14/07

352-591-5621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20/07