2004 FOR PROFIT CORPORATION REINSTATEMENT

		176-114	2171EME14	"	4					
DOCUMENT # P02000091621  1. Entity Name J J M III, INC.							FILE 04 OCT 28		7	
Principal Plac	e of Business		Mailing Addres	is		7. <i>(</i> )	-			
650 97 AVE N 650 97 AVE N					<b>~</b>	R	SECRETARY O TALLAHASSEE	ESTATE		
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Principal Place of Business     3. Mailing Address										
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Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			SPEIN TENGE	09 6/02	MAN.	
City & State			City & State			4. FEI Numb	er	A A	p <b>iled For</b> t Applicable	
Zip Country			Zip	Zip Country		5. Certificate	of Status Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
Name										
MORGAN LLL, JOHN J 650 97 AVE N NAPLES, FL 34108					Street Address (P.O. Box Number is Not Acceptable)					
WALLES, I	1 1 34100				Ţ.					
					City			7:- C-d		
					City		F	Zip Code	9	
			ment for the purpose of ch	nanging its registe	red office or registe	ered agent, or bo	th, in the State of Florida. I am	familiar with,	and accept	
the obligations of registered agent.										
10-20-04										
SIGNATURE Signature, typed or puried name avegistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
And the state of t										
FILE NOW!!! FEE IS \$150:00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										
OFFICE POLICE AND SUPERIOR OF THE PROPERTY OF						ADDITIONS	TOURNOED TO OFFICERS AN	D DIDECTOR	200	
10.	T D	OFFICER	S AND DIRECTORS	11		ADDITIONS.	CHANGES TO OFFICERS AN			
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STREET ADDRESS CITY-ST-ZIP		. ,			REET ADDRESS					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: THAN J. MOLLYAN II 10-20 - OH 239. 546-9791										