

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 25 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P020 000 91684**

1. Corporation Name
J.M.J. TANS INC.

100054214571
05/10/05--01061--004 **458.75

2. Principal Office Address
3020 NE 32ND STREET

Suite, Apt. #, etc.
APT 725

City & State
FT LAUDERDALE FL

Zip
33308

Country
USA

3. Mailing Office Address

460 CONCHESTER HWY

Suite, Apt. #, etc.

City & State
ASTON PA

Zip
19018

Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida **8/22/02**

5. FEI Number
03-0476763

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
CLAIRE M MCSHANE

Street Address (P.O. Box Number is Not Acceptable)
3020 NE 32ND STREET

Suite, Apt. #, Etc.
APT 725

City
FT LAUDERDALE

State
FL

Zip Code
33308

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

(X) Claire McShane

Date **4/22/05**

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
PRES	ROBERT C JOHNSON	828 BETHEL AVE	ASTON PA 19018
SEC	YECHIEL A MESIKA	101 PORTSMOUTH CIRCLE	GLEN MILLS PA 19342
TREAS	CLAIRE M MCSHANE	3020 NE 32ND STREET	FT LAUDERDALE FL 33308

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)(x), 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

(X) Claire McShane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/05 610494400

CR2E081 (01/05)

DUNN, DUNN & ASSOCIATES

CERTIFIED PUBLIC ACCOUNTANTS

800 DARBY ROAD
HAVERTOWN, PA 19083

JOHN F. DUNN, CPA
GREGORY J. DUNN, CPA
JAMES J. DESCANO, CPA

610-853-4500
FAX: 610-853-4504

April 22, 2005

Florida Department of State
409 E. Gaines Street
Tallahassee, FL 32399

Re: J.M.J. Tans, Inc. Document # P02000091684
JCI of Davie, Inc. Document # P02000020196

Dear Sir/Madam:

The above entities were revoked by the State of Florida for not filing annual reports for:

1/1/03, 1/1/04 and 1/1/05

They never received notices about these filings, and had no knowledge that they were due. We believe you sent them to Apt. 1118 instead of Apt. 725.

Enclosed are two checks for \$458.75 (due for each corporation) to pay three years annual reports (\$150 per year) and \$8.75 for a Certificate of Status. We request a waiver of the \$600 reinstatement fee based on these facts.

Please forward these at your earliest convenience. We do not want to jeopardize our corporate charter.

Very truly yours,



James J. Descano

JJD:js
Enclosures

cc: Claire M. McShane