

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000095894**

1. Corporation Name

**JMS LIMITED, INC.**

Principal Place of Business

1956 ARVIS CIRCLE EAST  
CLEARWATER FL 33764

Mailing Address

1956 ARVIS CIRCLE EAST  
CLEARWATER FL 33764

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/04/2002**

5. FEI Number

**22-3880236**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	SIFFERLEN, JAMES	1956 ARVIS CIRCLE EAST	CLEARWATER FL 33764
SD	SIFFERLEN, MARCIA	1956 ARVIS CIRCLE EAST	CLEARWATER FL 33764

**400024262174**  
10/29/03--01071--029 \*\*150.00

8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

**FRANK J. HANCOCK**

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

**2111 DREW STREET**

Suite, Apt. #, Etc.

City

**CLEARWATER**

State

**FL**

Zip Code

**33765**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
*Frank J. Hancock*  
REGISTERED AGENT MUST SIGN

Date

**10/22/03**

11. 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 REQUIRED**  
*Marcia Sifferlen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/9/03**

Daytime Phone #

**HA**

CR2E040 (7/03)

**JMS LIMITED, INC.  
1956 Arvis Circle East  
Clearwater, Florida 33764**

October 27, 2003

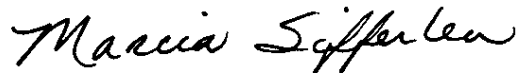
Division of Corporations  
Annual Report/Reinstatement Section  
Post Office Box 6327  
Tallahassee, Florida 32314-6327

JMS Limited, Inc.

Gentlemen:

Enclosed please find our properly completed application for reinstatement for 2003 along with a check for \$150. We respectfully request a waiver of penalty and reinstatement fee due to the fact that we never received the two prior uniform business reports.

Very truly yours,

A handwritten signature in cursive script that reads "Marcia Sifferlen".

Marcia Sifferlen

MS/sjb

Enclosures