

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 FEB 24 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000052354

1. Corporation Name

JMB + Company, Inc.

2. Principal Office Address

145 East Drive

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32904

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

81-0613482

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-06-5
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Brown, James M.

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

145 East Drive

Suite, Apt. #, Etc.

City

Melbourne

State
FL

Zip Code

32904

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

Date

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
P	James M. Brown	145 East Drive	Melbourne, FL 32904

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Brown

Date

1/31/06

Daytime Phone #

321-726 8000

JMB & COMPANY, INC.
145 EAST DRIVE
MELBOURNE, FL 32904
(321)726-8000

TO WHOM IT MAY CONCERN:

WE ARE REQUESTING A WAIVER OF THE REINSTATEMENT FEE
DUE TO THE DIVISION OF CORPORATIONS NOT UP DATING
OUR CORRECT ADDRESS. WHICH IN TURN LED TO US NOT
RECEIVING 2004, 2005, 2006 ANNUAL REPORTS.

SHOULD YOU HAVE ANY QUESTIONS PLEASE FEEL TO CALL.

THANK YOU,

JAMES BROWN
PRESIDENT