

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION

10/2

06 OCT -5 PM 2:05

DOCUMENT # **P03000056286**

1. Corporation Name

JMM Management Enterprises, Inc.

2. Principal Office Address

5 Calhoun Ave

Suite, Apt. #, etc.

203

City & State

Destin, FL

Zip

32541

Country

USA

3. Mailing Office Address

981 Hwy 98E,

Suite, Apt. #, etc.

#3-294

City & State

Destin, FL

Zip

32541

Country

USA

REINSTATEMENT

04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 14, 2003

5. FEI Number

04-376 2409

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

Jim Marcengill

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

5 Calhoun Ave

Suite, Apt. #, Etc.

203

City

Destin

State

FL

Zip Code

32541

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

Jim Marcengill
REGISTERED AGENT MUST SIGN

Date

10/3/06

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/ Sec.	James M. Marcengill	5 Calhoun Ave, #203	Destin, FL 32541

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 M. Marcengill

Date

10/3/06

706-

499-2186 (cell)

850-837-4258

2 of 2

10/3/06

JMM Management Enterprises, Inc.

981 Hwy. 98E, #3-294
Destin, FL 32541

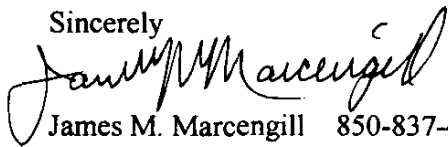
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference reinstatement application JMM Management Enterprises, Inc.
#P03000056286

Dear Sirs,

Per instructions in the attached application for corporation reinstatement, note that I did not receive the annual report notices in the year of dissolution and was not aware that this corporation had been dissolved by you. My address had changed in late 2003 and you must not have received the change of address notice. Please consider waiving the reinstatement fee for me in this case. I have attached the completed form for reinstatement and a check to cover the annual reports and supplement fees for each year.

Sincerely



James M. Marcengill 850-837-4758 or cell# 706-499-2186
President