


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000071187		
1. Entity Name J & M REALTY INVESTMENT, INC		

Principal Place of Business 105 N. 3RD STREET HARRISON, NJ 07029	Mailing Address 105 N. 3RD STREET HARRISON, NJ 07029
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
05 SEP 19 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09132005 REIN-P CR2E098 (6/04)

4. FEI Number 20-0059303		Applied For
5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONLEY, SUSAN 1191 E NEWPORT CENTER DR. #103 DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name CONLEY, SUSAN Street Address (P.O. Box Number is Not Acceptable) 3081 E COMMERCE BLVD 2ND FLR City FT LAUDERDALE FL Zip Code 33308	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Susan Conley DATE 9-14-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DISABATO, MARY A 105 N. 3RD STREET HARRISON, NJ 07029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100059796291 09/20/05--01072--012 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100059796291 09/20/05--01072--011 ***8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: M. A. Di Salato DATE 9/15/05 DAYTIME PHONE # 973-483-2081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR