

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 23 AM 10:33
RECEIVED
FALLS CHURCH, VA

DOCUMENT # P03000126074

1. Corporation Name

JAM Trimming Inc

2. Principal Office Address

11063 Crystal Glen Blvd

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32837

Country

Orange

3. Mailing Office Address

11063 Crystal Glen Blvd

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32837

Country

Orange

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business In Florida

11-05-2003

5. FEI Number

20-0363743

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

Jeffrey A Murphy

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

11063 Crystal Glen Blvd

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32837

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/21/05

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.C.S	Jeffrey A Murphy	11063 Crystal Glen Blvd	Orlando, FL 32837
V.P.T	Susan Murphy	11063 Crystal Glen Blvd	Orlando, FL 32837

B 12/27/05
REINSTATEMENT 04-05

600062381296
12/28/05--01047--025 **\$3.75

600062381296
12/28/05--01047--025 **\$300.00

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)(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:

Susan L Murphy
[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/05 321-388-3735

Date

Daytime Phone #

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12/21/2005
RE Document # P03000126074
JAM TRIMMING INC

To whom it may concern,

My name is Susan Murphy and I am the VP and Treasurer for Jam Trimming Inc. I am writing to you today because it was brought to my attention yesterday afternoon that our Company had become inactive in your system. I was not aware that I needed to file an annual report with you. I did not receive any correspondences from your office in 2004. I am new to all of this and without notification from your office I feel lost. I need to get this resolved and hope your office can assist me. Our address has changed and is on the Corporation Reinstatement form I am sending. I spoke to your office today and I was told that you could possibly waive the Reinstatement fee for our Company because I never received notification from your office in 2004. I greatly appreciate any help you can lend us in this matter.

I am enclosing a check for \$ 300.00 per the amount that was given to me on the phone. Please let me know ASAP if I need to send anymore money in. This is extremely urgent to me and I need to make sure I do exactly what I need to do and get you any information/money that you need to help resolve this for us. Once again thank you so very much for your assistances and guidance in resolving this matter.

Sincerely,
Susan L Murphy
(Vice President & Treasurer)
Jam Trimming Inc
321-388-3735

