

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 DEC 16 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17523

1. Corporation Name

J.J.M., INC. OF MISSOURI

Principal Place of Business

901 NE 63 ST
FT. LAUDERDALE FL 33334

Mailing Address

901 NE 63 ST
FT. LAUDERDALE FL 33334

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 63

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/1988

5. FEI Number

59-1782527

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
SD	MANOLI, J. ELAINE	4755 N.E. 23RD AVENUE	FT. LAUDERDALE FL
PD	MANOLI, JAMES J.	4755 N.E. 23RD AVENUE	FT. LAUDERDALE FL

400025513784
12/16/03--01016--001 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANOLI, J. ELAINE
6271 N. DIXIE HIGHWAY
FT. LAUDERDALE FL 33334-0633

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

J Elaine Manoli
REGISTERED AGENT MUST SIGN

Date 12/11/03

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:

J Elaine Manoli / J. Elaine Manoli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/11/03 (954) 771-7281

CR2040 (7/03)