

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 22 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28040

1. Corporation Name

J.M.D. ENTERPRISES, INC. OF CALIFORNIA

Principal Place of Business

2155 N MAIN ST
WALNUT CREEK CA 94596
US

Mailing Address

2155 N MAIN ST
WALNUT CREEK CA 94596
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1990

5. FEI Number

68-0196415

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A fee is charged for each certificate of status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	STEVENS, DIANE	340 GOLF BROOK CIR, #102	LONGWOOD FL
VSD	REITZ, JOANNE B.	56 KINGLET DR S	CRANBURY NJ
TD	GORE, MICHAEL W.	418 MAYHEW	WALNUT CREEK CA
PD	CHAVANNES, DIANNE	1759 BRONZEWOOD CT.	THOUSAND OAKS, CA 91320
VSD	REITZ, JOANNE	4656 SWILCAN BRIDGE LANE S.	JACKSONVILLE, FL 32224
TD	MICHAEL GORE	18232 ANDOVER STREET	EDMONDS, WA 98026

8. Name and Address of Current Registered Agent

STEVENS, DIANNE
340 GOLF BROOK CR. #102
LONGWOOD FL 32779

500003031575--3
-11/02/99--01008--006
***750.00 ***750.00

9. Name and Address of New Registered Agent

Name
Joanne Reitz
Street
4656 Swilcan Bridge Lane S.
Suite,
Jacksonville FL 32224
City
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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-22-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

10-22-99 924-690-0556

CR28040 (8/99)