PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

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

FILED
01 JUL 16 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077606

1. Corporation Name
JDM Management and Financial Advisory Services, Inc.

05/22/01 90023 028 LSQW

2. Principal Office Address	3. Mailing Office Address
90 Hilltop Drive	(SAME)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bayfield -- CO --	City & State
Zip: 81122 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/27/93

5. FEI Number: 59-3209011 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required. Not Certified Status

7. Name and Address of Current Registered Agent

Name: Fleming, Edward (ATTORNEY)

Street Address (P.O. Box Number is Not Acceptable): 4400 Bayou Blvd

900004494359--6
-07/24/01--01100--003
****150.00 ****150.00

Suite, Apt. #, Etc.: Suite 12-13

City: Pensacola State: FL Zip Code: 32503

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: Edward P. Fleming — REGISTERED AGENT MUST SIGN Date: 7/12/01

CR2E081 (9/00)

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/T/D	S. Dale McNeese	90 Hilltop Drive	Bayfield / CO / 81122
V/S/D	John W. Darrah	227 Harrison Ave.	Panama City / FL / 32401
		00-01484BR 18	

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: S. Dale McNeese — 7/5/01 — 970-884-1780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #