

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 30 AM 10:22

DOCUMENT # P9400049739

1. Corporation Name

JMR Foundations, Inc.

2. Principal Office Address

5345 Appleton Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

6189 Bobby Padgett Rd.

Suite, Apt. #, etc.

City & State

Jax. FL

City & State

Jax., FL

Zip

32210

Country

USA

Zip

32234

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/29/94

5. FEI Number

593256720

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

James Roney

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

5345 Appleton Ave.

Suite, Apt. #, Etc.

City

Jax.

State

FL

Zip Code

32210

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

James Roney

REGISTERED AGENT MUST SIGN

Date 12/27/05

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
<u>P</u>	<u>James Roney</u>	<u>6189 Bobby Padgett Rd.</u>	<u>Jax., FL 32234</u>

12/4/04
REINSTATEMENT
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12/30/05--01004--011 **1058.75

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:

James Roney

JAMES RONEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/05

Date

759-6221

Daytime Phone #