

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

02103

**FILED**  
**Mar 13, 2003 8:00 A.M.**  
**Secretary of State**

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P9500009081

JEMJO ENTERPRISES, INC.  
1912 HWY A1A  
INDIAN HARBOR BEACH FL 32937

address below:

Address

740 E. EAU GALLIE BLVD.

City and State

Zip Code

INDIAN HARBOUR BEACH, FL 32937

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

01/31/1995

5. FEI Number

59-3294831

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	JESSE E. MOSS	735 EBONY STREET	MELBOURNE, FL 32935
D	BARBARA J. MOSS	735 EBONY STREET	MELBOURNE, FL 32935

800014061668  
03/13/03 01042 017 \*\*500.00

**REGISTERED AGENT INFORMATION**

9. If changed, new registered agent / office

Name

3. Name and Address of Current Registered Agent

Street Address (Do NOT Use P.O. Box Number)

740 E. EAU GALLIE BLVD.

Street Address (Do NOT Use P.O. Box Number)

City

INDIAN HARBOUR BEACH

State

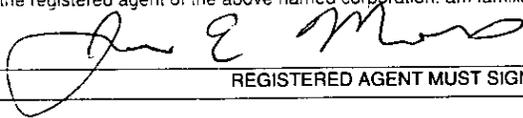
FL.

Zip

32937

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

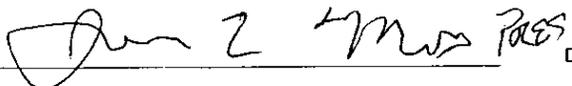
Date 03/07/03

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director



Date 03/07/03

Daytime Phone # 321/773-0442

CR121040 (8-03)

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**MILLER, MILLER & ASSOCIATES**

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*Tax and Accounting Service*

ALLEN MILLER  
(321) 259-7704

2087-A Sarno Road  
Melbourne, FL 32935

MARGE MILLER  
(321) 259-7566

March 9, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Request for Reinstatement of Corporation

Gentlemen:

Attached is our client's Application for Reinstatement of said corporation JEMJO ENTERPRISES, INC., 740 East Eau Gallie Blvd, Indian Harbour Beach, FL 32937. We have enclosed his check in the amount of \$300.00 for the reinstatement which pays for 2002 and 2003.

We are requesting that any penalty and interest be abated as the owner of the corporation exercised due diligence when he relocated his business and notified the US Postal Service of the move and requested all mail be forwarded to his new location. However, none of the UBR's or the letter notifying him of the dissolution ever reached him.

Thank you for your help and attention to this matter. Should you require any further input please do not hesitate to contact the owner of the corporation at the above listed new address.

Sincerely,



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Allen L. Miller, E.A.,P.A.  
Tax Accountant

cc:file  
client

Attachments - 2    1 check    1 Request for Reinstatement