

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 14 PM 1:08

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000047714

**1. Corporation Name**

J M Financial Services, Inc.

100068108151  
03/20/06--01022--020 \*\*750.00

**2. Principal Office Address**  
9370 SW 72 St

Suite, Apt. #, etc.  
Suite # A-105

City & State  
Miami, FL

Zip  
33173

Country  
USA

**3. Mailing Office Address**  
9370 SW 72 St

Suite, Apt. #, etc.  
Suite # A-105

City & State  
Miami, FL

Zip  
33173

Country  
USA

**REINSTATEMENT 04-06**

**4. Date Incorporated or Qualified  
To Do Business in Florida** 06/19/1995

**5. FEI Number**

TBD

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Juan Suarez

Street Address (P.O. Box Number is Not Acceptable)  
9370 SW 72 St

Suite, Apt. #, Etc.  
Suite # A-105

City  
Miami,

State  
FL

Zip Code  
33173

**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

REGISTERED AGENT MUST SIGN

Date 03/13/06

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | Juan Suarez                          | 9370 SW 72 St Suite A-105                         | Miami, FL 33173    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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 contained in Chapter 119, 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

Juan Suarez

03/13/06

Date

305.992.6213

Daytime Phone #

3/14/06

03/13/06

To: Division of Corporations  
Reinstatement Division

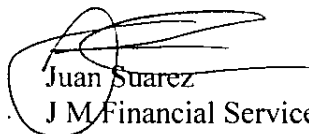
From: Juan Suarez  
J M Financial Services, Inc.

Ref: Reinstatement Fee

To Whom It May Concern:

This letter is to request the waiver of the Reinstatement Fee. I never received the annual report notices. If you should have any questions or need details, please do not hesitate to contact me at 305 992-6213.

Sincerely

  
Juan Suarez  
J M Financial Services, Inc.