

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #** P95000057453

**1. Corporation Name**

JBM GP, INC.

**2. Principal Office Address**

113 BAYBRIDGE DRIVE

Suite, Apt. #, etc.

**City & State**

GULF BREEZE

**Zip**

32561

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/25/95

**5. FEI Number**

59-3395893

**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**

Julian B. MacQueen

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

13585 Perdido Key Dr.

**Suite, Apt. #, Etc.**

Pensacola, FL 3250751

**City**

**State**  
FL

**Zip Code**

**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**

**Date**

REGISTERED AGENT MUST SIGN

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PD	Julian B. MacQueen	113 Baybridge Dr.	Gulf Breeze, FL 32561

**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:**

Julian B. MacQueen

06/20/02

(850)934-3609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

272

June 20, 2002

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

Re: JBM GP, Inc.  
Tax ID No. 59-3395893

Dear Sir or Madam:

Attached please find a Corporation Reinstatement form for the above referenced Florida corporation along with \$300.00 in fees. We did not realize this corporation had been dissolved until it was listed as a partner on another corporation and returned to our office. We never received the notices sent to our registered agent.

We have changed registered agents so that this will not happen again. Please waive all late fees and penalties associated with this dissolution. Thank you for your assistance in this matter.

Sincerely,



Julian B. MacQueen  
President

JBM/tb

Enclosures (2)