

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

09 NOV 19 AM 11:25

DOCUMENT # *P95000066078*
 1. Corporation Name
JMJ Georgia, Inc.

KS
 300162955753
 11/19/09--01002--022 **1050.00

2. Principal Office Address - No P.O. Box # 3455 N.W. 54th Street		3. Mailing Office Address 3455 N.W. 54th Street	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL 33142	
Zip 33142	Country USA	Zip 33142	Country USA

REINSTATEMENT *03-09*

4. Date Incorporated or Qualified To Do Business in Florida **08/25/1995**

5. FEI Number **65-0609764** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED SR 75 (Additional Fee Applies for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name
CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
515 E. Park Ave

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Kate Wunsch, Asst. Sec.* Date *11/13/09*
 REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Andrew S. Blank	3455 N.W. 54th Street	Miami, FL 33142
P	Andrew S. Blank	3455 N.W. 54th Street	Miami, FL 33142
T	Evelyn Macia	3455 N.W. 54th Street	Miami, FL 33142
S	Evelyn Macia	3455 N.W. 54th Street	Miami, FL 33142

10. E-mail Address: **CorpFiling@archiveamerica.com**
 (To be used for future annual report notification)

11. 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. I further certify 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]* *11/13/09* 305-633-6367, ext 118
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #