

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 10 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000066078

1. Corporation Name

JMJ Georgia, Inc.

2. Principal Office Address

3455 NW 54th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

USA

3. Mailing Office Address

3455 NW 54th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

USA

REINSTATEMENT

400010167614
01/16/03--01064--019 **900.00

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

8/25/1995

5. FEI Number

650609764

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

Robert Fischer

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

3455 NW 54th Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33142

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 **January 8, 2003**

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
P/D	Andrew S. Blank	3455 NW 54th Street	Miami / FL / 33142
S/T	Robert Fischer	3455 NW 54th Street	Miami / FL / 33142

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew S. Blank

1/08/03

Date

(305) 633-8587

Daytime Phone #

CR2E081 (9/01)