

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95871651

1. Corporation Name

JMT ENTERPRISE GROUP, INC.

Principal Place of Business

**108 Knoll Way
Jupiter, Florida 33477**

Mailing Address

WA 7-15290

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

108 Knoll Way
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

same
Suite, Apt. #, etc.

City & State
Jupiter, Florida

City & State

Zip Country
33477 Palm Beach

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

September 15, 1995

5. FEI Number

65-0608573

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Laurie Grogan	108 Knoll Way	Jupiter, Florida 33477

600002238126--7
-07/15/97--01036--004
****923.75 ****923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Laurie Grogan

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

108 Knoll Way

Suite, Apt. #, Etc.

City
Jupiter

State
FL

Zip Code
33477

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

Laurie Grogan

REGISTERED AGENT MUST SIGN

Date

11. 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.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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:

Laurie Grogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (12/95)

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

FILED

97 JUL 11 AM 11:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA