

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

JUL 30 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 095000087948

1. Corporation Name JMO ENTERPRISES

Principal Place of Business

Mailing Address

W99-13952

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

REINSTATEMENT 97-99

2. New Principal Office Address, If Applicable 132 VAL JEAN LANE Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable P.O. BOX 1467 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 11/10/95	
City & State TAVERNIER, FL		City & State TAVERNIER, FL		5. FEI Number 65-0622490	
Zip 33070		Country USA		Applied For Not Applicable	
Zip 33070		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRESIDENT	Jesus Montes de Oca	132 VAL JEAN LANE TAVERNIER	TAVERNIER, FL 33070
VICE PRESIDENT	Josephine Montes de Oca	132 VAL JEAN LANE	TAVERNIER, FL 33070

200002927752--0  
-07/09/99--01089-014  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Any officer, Jesus Montes de Oca	
Street Address (P.O. Box Number is Not Acceptable) 132 VAL JEAN LANE	
Suite, Apt. #, Etc. #	
City TAVERNIER	State FL
Zip Code 33070	

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: Any officer, Jesus Montes de Oca  
REGISTERED AGENT MUST SIGN  
Date: 6/8/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 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

Date

Daytime Phone #

6/8/99 305-294-1661



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

June 15, 1999

JMO ENTERPRISES, INC.  
P.O. BOX 1467  
TAVERNIER, FL 33070 US

SUBJECT: JMO ENTERPRISES, INC.  
Ref. Number: P95000087948

We have received your document for JMO ENTERPRISES, INC. and check(s) totaling \$1050.00. However, your check(s) and document are being returned for the following:

Please list the title(s) of each officer in your document.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Stacy Prather  
Document Specialist

Letter Number: 299A00032174