

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 15 AM 11:14

DOCUMENT #, **P95000087948**

1. Corporation Name

JMO ENTERPRISES, INC.

Principal Place of Business

**132 VAL JEAN LANE
TAVERNIER FL 33070
US**

Mailing Address

**P.O. BOX 1467
TAVERNIER FL 33070
US**



REINSTATEMENT **00**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0622490

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

Zip

Country

Zip

Country

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 3	City / State / Zip 4
P	MONTES DE OCA, JESUS	132 VAL JEAN LANE	TAVERNIER FL 33070
VP	MONTES DE OCA, JOSEPHINE	132 VAL JEAN LANE	TAVERNIER FL 33070

100003515241-1
-12/28/00--01016--022
*******758.75 *****758.75**

PA 12/20

8. Name and Address of Current Registered Agent

**MONTES DE OCA, JESUS
132 VAL JEAN LANE
TAVERNIER FL 33070**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/00

Daytime Phone #