

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000005293

1. Corporation Name

JMB OF ST. AUGUSTINE, INC.

Principal Place of Business

614 GUCUD AVE  
ST AUGUSTINE FL 32095  
US

Mailing Address

3981 VAIL PT TERR  
ST AGUSTINE FL 32086  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
4900 CYPRESS LINKS BLVD

City & State  
ELKTON, FLORIDA

Zip  
32033

Country  
US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/16/1996

5. FEI Number

59-3355885

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 3	City / State / Zip 4
PD	BAILEY, JUDITH M	3981 VAIL PT TERRACE	ST AGUSTINE FL 32086

8. Name and Address of Current Registered Agent

PELLICER, CHARLES E  
28 CORDOVA ST  
ST AUGUSTINE FL 32084

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. or 617.0505, 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

Judith M. Bailey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 9, 2002

Date

(904) 823-9415

Daytime Phone #

CR2E040 (8/02)

November 9, 2002  
4900 Cypress Links Blvd.  
Judith M Bailey  
Lakton Florida 32033

Dear Sirs,

Please accept this letter in reference to re-instate; J.M.B. of St. Augustine Inc., a Florida Corporation as advised by your office.

On September 28th, 2001, my restaurant (Oscar's Old Florida Grill) was destroyed by fire, along with all records, receipts, etc...

Please accept the enclosed form along with a check for \$150.00 for re-instatement.

Thank you for your assistance.

J.M.B. of St. Augustine, Inc.  
by Judith M Bailey, President

P.S. I spoke with Donna on the phone and this is what she told me to do.

Thank you.