

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 27 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000014489

1. Corporation Name

JMRM INC.

2. Principal Office Address - No P.O. Box #

9568 HARDING AVENUE

Suite, Apt. #, etc.

City & State

SURFSIDE, FLORIDA

Zip

33154

Country

USA

3. Mailing Office Address

9568 HARDING AVENUE

Suite, Apt. #, etc.

City & State

SURFSIDE, FLORIDA

Zip

33154

Country

USA

REINSTATEMENT 06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 02/15/1996

5. FEI Number
650674558

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

RONALD L. BOOK

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

2999 NE 191 STREET

Suite, Apt. #, Etc.

PENTHOUSE 6

City

AVENTURA

State

FL

Zip Code

33180

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 12/26/2007

REGISTERED AGENT MUST SIGN

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
VP	RHONDA MILO	20355 BISCAYNE BOULEVARD	AVENTURA, FL, 33180
P	JERRY MILO	20355 BISCAYNE BOULEVARD	AVENTURA, FL, 33180

100114330251
01/08/08-01017-010 **908.75

100114330251
01/08/08-01017-010 **900.00

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 contained in Chapter 119, 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

12/26/2007 305-935-1866

Date

Daytime Phone #

12/27