

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000039448**

1. Corporation Name
J. Michael Ross Inc.

2. Principal Office Address
11125 55th E

3. Mailing Office Address
11125 55th E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Treasure Island FL

City & State
Treasure Island FL

Zip **33704** Country **USA**

Zip **33704** Country **USA**

REINSTATEMENT 03

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

5. FEI Number **59-3434610** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
John M Ross

Street Address (P.O. Box Number is Not Acceptable)
11125 55th E

Suite, Apt. #, Etc.

City
Treasure Island

State **FL** Zip Code **33704**

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
J M R
REGISTERED AGENT MUST SIGN

Date **12-21-03**

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
Pres.	John M Ross	Same	Same

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 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: **J M R**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12-21-03**
Daytime Phone #

CR2E081 (10/02)

J MICHAEL ROSS INC
11125 5TH ST EAST
TREASURE ISLAND, FL 33706

Never Received
Paper work
has moved to new address

I was told to send
\$150.00 plus.

$\frac{8.75}{158.75}$ per certificate.

~~file~~

New address on
Application

Thank you
JMR

Request taken by: troberts
11-24-2003

The forms you recently requested from this office are:

(1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314