

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
1997 DEC -5 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000054473**

1. Corporation Name

**J M H INC.**

Principal Place of Business

Mailing Address

12805 N. 52ND STREET  
TAMPA FL 33617

P.O. BOX 290301  
TAMPA FL 33687-0301

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/26/1996

5. FEI Number

59-3390202

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)

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
PD	HAYES, MICHAEL B	12805 N. 52ND STREET	TAMPA FL 33617
STD	HAYES, MARY JANICE	12805 N. 52ND STREET	TAMPA FL 33617

800002358782-3  
-12/10/97-01112-005 3  
\*\*\*\*758.75 \*\*\*\*758.75

**REINSTATEMENT**

07/16/97  
12/15/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STROUSE, JEFFREY B  
200 PIERCE STEET, SUITE 1A  
TAMPA FL 33602

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

*Jeffrey B. Strouse*  
REGISTERED AGENT MUST SIGN

Date 10-27-97

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., 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:

*Michael B. Hayes Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97  
Date

813-962-1800  
Daytime Phone #

CP2040 (8/97)