

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 MAY -4 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000080262

1. Corporation Name
JTM INTERNATIONAL, INC.

Principal Place of Business
4751 SOUTHWEST 88TH TERRACE
FORT LAUDERDALE FL 33312

Mailing Address
4757 SOUTHWEST 30TH TERRACE
FORT LAUDERDALE FL 33312

REINSTATEMENT 97-98



2. New Principal Office Address, if Applicable
5560 SW 98TH WAY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
10012 GRIFFIN ROAD
Suite, Apt. #, etc.
SUITE 207

4. Date Incorporated or Qualified To Do Business In Florida 09/27/1996

City & State
COOPER CITY FLORIDA

Zip
33328

Country
BROWARD

City & State
COOPER CITY FLORIDA

Zip
33328

Country
BROWARD

| | |
|--|--|
| 5. FEI Number | Applied For |
| 65-0703716 | Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | \$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 | DUCHROW, MICHAEL J | 4757 SOUTHWEST 39TH TERRACE 5560 SW 98TH WAY | FORT LAUDERDALE FL 33312 COOPER CITY FLORIDA 33328 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | 300002516559 9 -05/08/98--01011--013 ****900.00 ****900.00 |
| | TS 5/7 | | |

B. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name MICHAEL J. DUCHROW
Street Address (P.O. Box Number is Not Acceptable)
5560 SW 98TH WAY.
Suite, Apt. #, Etc.

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| COOPER CITY | FL | 33528 |

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 X M. L. Eubank
REGISTERED AGENT MUST SIGN

Date *x 4/2/98*

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: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/98
Date Daytime Phone #

03/26/2010 (8/19/97)