

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 11 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000086330

**1. Corporation Name**

JAM BAM ENTERPRISES, INC

**2. Principal Office Address**

1700 West International  
Suite, Apt. #, etc. SPEEDWAY BLVD  
153

**City & State**

DAYTONA BEACH, FLA.

**Zip**

32114

**Country**

USA

**3. Mailing Office Address**

1700 West International  
Suite, Apt. #, etc. SPEEDWAY BLVD  
153

**City & State**

DAYTONA BEACH, FLA.

**Zip**

32114

**Country**

USA

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

10/18/1996

**5. FEI Number**

593407546

**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**

Miller, James A

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

2950 CARRIAGE DRIVE

**Suite, Apt. #, Etc.**

**City**

South Daytona

State  
FL

**Zip Code**

32114

**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

REGISTERED AGENT MUST SIGN

Date

3-10-04

**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
RV/S	Pepper Burns	2950 Carriage Drive	South Daytona, FLA 32114
P	James A. Miller	2950 Carriage Drive	South Daytona, FLA 32114

**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:

James A. Miller - Jame A. Miller 3/10/04 843-904-8461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)