PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P97000034032 **DOCUMENT #**

1. Corporation Name

JPMP PROPERTIES, INC.

Mailing Address

109 COMMERCE BLVD. OLDSMAR FL 34677

Principal Place of Business

109 COMMERCE BLVD. OLDSMAR FL 34677

Zip Country	Zip Country					
City & State	City & State					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
2. New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable					
If above addresses are incorrect in any way, line through incorrect information and enter correction below						

FILED

01 OCT 29 PM 1:52

SECRETARY OF STATE TALLAHASSEE. FLORIDA



Suite, Apt.	. #, etc. Suite, Apt. #, etc.			To Do Business in Florida 04/15/1997			
City & State		City & State		5. FEI Numb			Applied For Not Applicable
Zip	Country	Zip	Count	ry	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer an	d/or Director (Fig	orida nonprofit corpor	ations must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors			reet Address of Each fficer and/or Director		City /	State / Zip
P	GIANSIRACUSA, PAUL S		1261 BAY HARE	BOR DR., APT. 10	2	PALM HARBOR FL 34685	
VP VATH, JOHN L JR			4159 SALTWATER BLVD.		TAMPA FL 33615		
					70	10004695 -11/27/01-	51573 01051-004) ****150.00
							7 ****130.00
8. Name and Address of Current Registered Agent			ent	9. Name and Address of New Registered Agent			
109 C	JOHN L JR OMMERCE BLVD. MAR FL 34677			Street Address (F Suite, Apt. #, Etc.	Comm	S Not Acceptable) S Not Acceptable) S Not Acceptable)	J
				City 1/		St	ate Zip Code

ed agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

11. 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 agcurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

10. I, being appointed the

Signature of Registered Agen

REGISTERED AGENT MUST SIGN

109 COMMERCE BLVD OLDSMAR, FL 34677 813-854-3354 813-891-0731-FAX

J.P.M.P. Properties, Inc.

October 16, 2001

To Whom It May Concern:

My Corporation J.P.M.P. Properties, Inc. was dissolved in 1999 for failure to report our annual report. In March 2001 we reinstated the corporation and thought we had included the 2001 annual report. We never received any forms for the 2001 annual report and feel that the penalties and interest should be dismissed. Enclosed please find a check for \$150.00.

Thank)you, for your consideration

Paul Gianniracusa