

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000069776

1. Corporation Name

JMS Capital Corp.

Principal Place of Business

Mailing Address

931 Village Blvd. 905-505
West Palm Beach, FL 33409

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

931 Village Blvd.
Suite, Apt. #, etc. 905-505

City & State
West Palm Beach FL

Zip 33409 Country

3. New Mailing Office Address, If Applicable

931 Village Blvd.
Suite, Apt. #, etc. 905-505

City & State
West Palm Beach FL

Zip 33409 Country

90 MAR - 5 PM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Senger, Jeffrey Ray	931 Village Blvd, 931-505	West Palm Beach, FL 33409

3000002799333-3
03/03/99-01050-023
****908.75 ****908.75

TS 3/5/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Jeffrey Senger
Street Address (P.O. Box Number is Not Acceptable)
931 Village Blvd.
Suite, Apt. #, Etc. 905-505
City West Palm Beach
State FL Zip Code 33409

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 Senger
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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:

Jeffrey Senger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #