

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUN 15 AM 6:48


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/15/09--01048--024 **458.75

REINSTATEMENT
FCFZEGS (12/08)

07-09

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 97000077806**

1. Corporation Name
JMR BUILDERS, INC.

2. Principal Office Address - No P.O. Box #
1765 ROCHELLE PKWY

3. Mailing Office Address
1777 WAVECREST ST.

Suite, Apt. #, etc.

City & State
MERRITT ISLAND, FL

City & State
MERRITT ISLAND, FL

Zip Country
32952 USA

Zip Country
32952 USA

4. Date Incorporated or Qualified To Do Business in Florida
9/9/97

5. FEI Number
59-3468792

Applied For
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
MICHAEL A. DICHRISTOPHER

Street Address (P.O. Box Number is Not Acceptable)
1777 WAVECREST ST.

Suite, Apt. #, Etc.

City
MERRITT ISLAND

State
FL

Zip Code
32952

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent *Michael A. DiChristoph* Date **6-12-09**

REGISTERED AGENT MUST SIGN

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
P, D	MICHAEL A. DICHRISTOPHER	1777 WAVECREST ST.	MERRITT ISLAND, FL
VP, D	ROBERT J. DICHRISTOPHER	517 N.E. 6th AVE.	DEERFIELD BCH, FL 32952 33441

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 contained in Chapter 11, 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 A. DiChristoph* **MICHAEL A. DICHRISTOPHER** **6/12/09** **321-238-4111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1/2300