

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 13 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000088909**
1. Corporation Name **J.M.B OF N.W.FL INC**
Northwest Florida

REINSTATEMENT 00-03

300024652083
11/13/03--01061--020 **1200.00

2. Principal Office Address 1784 F.I.M BLVD		3. Mailing Office Address P.O. BOX 591	
Suite, Apt. #, etc. Ft WA Suite A		Suite, Apt. #, etc. 591	
City & State FT WALTON BCH, FL		City & State FT WALTON BCH, FL	
Zip 32549	Country OKALOOSA	Zip 32549	Country OKALOOSA

4. Date Incorporated or Qualified To Do Business in Florida 10/14/37	
5. FEI Number 59-3475951	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 **Jim Whitfield**
Street Address (P.O. Box Number is Not Acceptable)
1785 FIM BLVD -
Suite, Apt. #, Etc.
Suite A
City **FT WALTON BEACH** State **FL** Zip Code **32547**

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 **[Signature]** Date **11-07-03**
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
PP President	Jim Whitfield	P.O. Box 591	FT WALTON BEACH FL 32549
V	"	"	"
T	"	"	"
S	"	"	"

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: **Jim Whitfield** **[Signature]** Date **11-07-03** Daytime Phone # **850 585-3005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)