

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 26 PM 5:16

**CORPORATION REINSTATEMENT**

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

DOCUMENT # P98000007392

1. Corporation Name  
J.M.G. Promotions, Inc

600004717316--0  
-12/10/01--01108--002  
\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address  
3104 LASTRADA PL

3. Mailing Office Address

Suite, Apt. #, etc.

City & State  
ELKTON FL

Zip Country  
32033 USA

4. Date incorporated or Qualified To Do Business in Florida

5. FEI Number  
59-3490982

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  
JEAN M GARELICK

Street Address (P.O. Box Number is Not Acceptable)  
3104 LASTRADA PLACE

Suite, Apt. #, Etc.

City  
ELKTON FL

State Zip Code  
FL 32033

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 *Jean M. Garelick* Date 11/14/01

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
PSTD	JEAN GARELICK	3104 LASTRADA PL	ELKTON FL 32033

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 807.0401 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)(f), 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: *Jean M. Garelick* JEAN M. GARELICK Date 11/14/01

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

CR2501 (8/01)

**JMG Promotions, Inc.**  
**5104 Lastrada Place**  
**Elkton, FL 32033**

November 13, 2001

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 2314

RE: J.M.G. Promotions, Inc.  
Document #P98000007392

Enclosed is a Corporation Reinstatement form along with a check for \$300 to cover the filing fees for the above named corporation's 2000 and 2001 annual reports. We are requesting an abatement of any reinstatement fee that may be charged as the business address was changed and the annual reports for the last two years were mailed to the old address and not forwarded. We were not aware the annual reports were not filed until very recently.

Thank you.

Yours truly,

  
Jean Garelick