

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 23 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P48000009319**

1. Corporation Name

JMC Management Services, Inc.

2. Principal Office Address

37 W. Smith Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 450

Suite, Apt. #, etc.

City & State

Winter Garden, FL

City & State

Gotha, FL

Zip

34787

Country

USA

Zip

34734

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/99

5. FEI Number

65-0821139

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

Ronald G Haag

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

37 W. Smith Street

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

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]

REGISTERED AGENT MUST SIGN

Date

1-16-04

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
T	Debra L Cito	37 W. Smith Street	Winter Garden, FL 34787
PD	Joseph M Cito	37 W. Smith Street	Winter Garden, FL 34787
VP	Ronald G Haag	37 W. Smith Street	Winter Garden, FL 34787
S	Lecretia Haag	37 W. Smith Street	Winter Garden, FL 34787

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-16-04

Daytime Phone #

CR2E081 (10/02)