

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 10 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000044537

1. Corporation Name

JAMESH CORPORATION

2. Principal Office Address - No P.O. Box #
1412 N Osceola Ave

3. Mailing Office Address
1412 N Osceola Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip
33755

Country
USA

Zip
33755

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **05/14/1998**

5. FEI Number **59-3516918**

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
Hudson, James W.

Street Address (P.O. Box Number is Not Acceptable)
1412 N Osceola Ave

Suite, Apt. #, Etc.

City
Clearwater

State
FL

Zip Code
33755

☒ 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 617.0503, F.S.

Signature of
Registered Agent

James W. Hudson
REGISTERED AGENT MUST SIGN

Date **12/07/2007**

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
D	Hudson, James W.	1412 N Osceola Ave	Clearwater FL 20003
			33755
			900113158853 12/14/07--01048--009 **900.00

REINSTATEMENT

2002-2007

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 119, 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:

James W. Hudson
James W Hudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/07/2007

Date

727-643-1597

Daytime Phone #