

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000058236**

1. Corporation Name

JNM PROPERTIES, INC.

Principal Place of Business

**5410 NORTH BAY ROAD
MIAMI BEACH FL 33140**

Mailing Address

**5410 NORTH BAY ROAD
MIAMI BEACH FL 33140**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1998

5. FEI Number

65-0846599

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TOBIN, CHRISTINE F	5410 NORTH BAY ROAD	MIAMI BEACH FL 33140
D	BOSA, JOHN	5410 NORTH BAY ROAD	MIAMI BEACH FL 33140

200004781112--8
-01/17/02--01016--031
*******150.00 *****150.00**

8. Name and Address of Current Registered Agent

**TOBIN, MARK A ESQ.
203 S.W. 13TH STREET
MIAMI FL 33130**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/15/01

11. 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)(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-01

305-84-2354

CR2040 (8/01)

JNM Properties, Inc.
5410 North Bay Road
Miami Beach, Florida 33140

December 21, 2001

Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

Re: FEI Number 65-0846599 - JNM Properties, Inc.
Ref. Number P98000058236

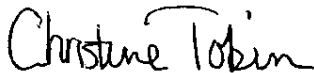
To whom it may concern:

As an Officer of the above corporation please accept the attached reinstatement application with all signatures required to reinstate the corporation.

The corporation is requesting the \$600 reinstatement fee be waived due to non receipt of Uniform Business Report notices. The corporation has had no other late renewals on previous reports.

If you have any questions concerning this letter, please call (305)868-5410.
Thank you for your consideration and understanding.

Sincerely,



Christine Tobin
JNM Properties, Inc.

Attachments