

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 13 PM 1:08

DOCUMENT # P98000074230

1. Corporation Name

JNMCO., INC.

Principal Place of Business

6151 SILVER STAR RD
ORLANDO FL 32808

Mailing Address

6151 SILVER STAR RD
ORLANDO FL 32808

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

3601 Vineland Rd Ste 2

City & State

Orlando FL

Zip

32811

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

3601 Vineland Rd Ste 2

City & State

Orlando FL

Zip

32811

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1998

5. FEI Number

59-3530614

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	STAGGS, MARK A	6151 SILVER STAR RD 3601 Vineland Rd Ste 2	ORLANDO FL 32808 32811

8. Name and Address of Current Registered Agent

STAGGS, MARK A
6151 SILVER STAR RD
ORLANDO FL 32808

9. Name and Address of New Registered Agent

Name

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

3601 Vineland Rd

Suite, Apt. #, Etc.

Suite 2

City

Orlando

State

FL

Zip Code

32811

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

Mark A. Staggs

REGISTERED AGENT MUST SIGN

Date

11/7/01

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)(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:

Mark A. Staggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/7/01 407-422-9990

CR2E040 (8/01)