

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000074577

1. Corporation Name

JM VENTURES UNLIMITED, INC.

Principal Place of Business

205 FIRST AVE.
GROVELAND FL 34736

Mailing Address

205 FIRST AVE.
GROVELAND FL 34736

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

2. New Principal Office Address, If Applicable

JM Ventures Unlimited, Inc.
Suite, Apt. #, etc.
40 Something Special 205 1st
City & State
Groveland, Florida
Zip
34736
Country
LAKE

3. New Mailing Office Address, If Applicable

JM Ventures Unlimited, Inc.
Suite, Apt. #, etc.
40 Something Special 205 1st
City & State
Groveland, Florida
Zip
34736
Country
LAKE

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1998

5. FEI Number

59-3523705

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	PRICE, MART	27551 JACKSON CT.	OKAHUMPKA FL 34762
DV	MURPHY, ANTHONY	332 FIRST AVE.	GROVELAND FL 34736
DT	THOMAS, LATASHA	834 ROBINSON ST.	GROVELAND FL 34736
D	EUGENE, RENOIR J	216A RIDGECREST LOOP	CLERMONT FL 34736
D	NICHOLS, LINDA	RT. 2 BOX 1163	CRESENT FL 32112
D	SMITH, JANICE	348 FIRST AVE.	GROVELAND FL 34736

8. Name and Address of Current Registered Agent

BEEBE, ELIZABETH A
300 VIRGINIA ST.
MINNEOLA FL 34755

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
500003032225--4
Suite, Apt. #, Etc.
-11/02/99--01051--010
City
****750.00
State
FL
Zip Code
****750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

Elizabeth A. Beebe
REGISTERED AGENT MUST SIGN

Date 10-20-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-99

Date

Daytime Phone #