

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 13 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000079571

**1. Corporation Name**

J.A.M.S., Inc.

2023 N. Atlantic Ave #255  
3134 S. 14th St.

**2. Principal Office Address**

2023 N. Atlantic Ave #255

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

Zip  
32931

Country  
USA

**3. Mailing Office Address**

3134 S. 14th St.

Suite, Apt. #, etc.

C/O Angela Chavez

City & State

Abilene, Texas

Zip  
79605

Country  
USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 09-08-1998

**5. FEI Number**  
593534573

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04

**7. Name and Address of Current Registered Agent**

Name

Johnny H Sherwood

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

2023 N. Atlantic Ave #255

Suite, Apt. #, Etc.

City

Cocoa Beach

State  
FL

Zip Code  
32931

**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

12-9-2004

**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
PD	Johnny H Sherwood	2023 N. Atlantic Ave #255	Cocoa Beach, FL 32931

200043367132  
12/13/04--01061--022 \*\*308.75

**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

12-9-2004

Daytime Phone #

325-  
698-  
7101

CR2E081 (01/04)

***J.A.M.S., Inc.***  
***2023 N. Atlantic Ave #255***  
***Cocoa Beach, FL 32931***

December 9, 2004

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

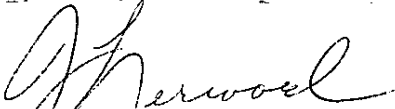
In Re: J.A.M.S., Inc  
Document #P98000079571

To Whom It May Concern:

Enclosed you will find a reinstatement form for my corporation. I am asking that you waive the rein instatement fees. I changed bookkeepers and according to my previous bookkeeper no information regarding a renewal was received and I have just found out it has lapsed. I travel for a living and everything is mailed to a different mailing address for my bookkeeper to handle. I never received any notices to such nor did my new bookkeeper. Since no information by mail was received I am asking that you please waive any reinstatement charges. I have enclosed the fee of \$300.00 that is due at this time.

Thank you advance for looking into this matter.

Sincerely,

  
John Sherwood  
J.A.M.S., Inc.