

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000091669

1. Corporation Name

JMG INSYSTEM, INC.

Principal Place of Business

5088 NW 115TH COURT
MIAMI FL 33178

Mailing Address

1800 W 49TH ST
SUITE 301
HIALEAH FL 33012
US

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

2. New Principal Office Address, If Applicable

2624 NW 97 Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2624 NW 97 Ave
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1998

5. FEI Number

65-0879240

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GONZALEZ, JOSE M	5088 NW 115 COURT	MIAMI FL 33178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIOS, LEOPOLDO G
1800 W. 49TH STREET, SUITE 301
HIALEAH FL 33012

Name Jose M. Gonzalez
Street Address (P.O. Box Number is Not Acceptable) 5088 NW 115 COURT
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33178

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 10/11/03
REGISTERED AGENT MUST SIGN

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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

JMG INSYSTEM, INC

October 16th, 2003

Florida Department of State
Reinstatement Section
PO BOX 6327
Tallahassee FL 32314

RE JMG INSYSTEM, INC
Doc. Number: P98000091669

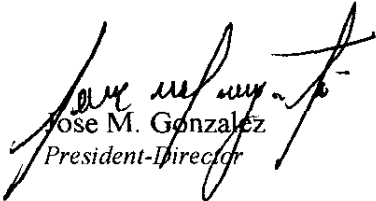
Dear Sir/Madam:

This letter is written regarding a Reinstatement of the above-mentioned corporation.

Regarding the 2003 Annual Report for this Corporation, we change our address to a new location by the time of the renewal. Please take this explanation as an apology in our part, and accept this UBR 2003 with the information you needed signed by the new registered agent and kindly reinstate our Corporation. Again, we apologize for any inconvenience

Very Truly Yours.

JMG INSYSTEM, INC


Jose M. Gonzalez
President-Director