

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 13 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P98000099829

1. Corporation Name

JMI RESOURCE INC.

2. Principal Office Address

1312 FLOTILLA DR.

Suite, Apt. #, etc.

3. Mailing Office Address

1312 FLOTILLA DR.

Suite, Apt. #, etc.

City & State

HOLIDAY, FL.

City & State

HOLIDAY, FL.

Zip

34690

Country

USA

Zip

34690

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-23-1998

5. FEI Number

59-3546824

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JO ELLEN MICHAUD

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

1312 FLOTILLA DR.

Suite, Apt. #, Etc.

City

HOLIDAY

State
FL

Zip Code

34690

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

Jo Ellen Michaud

REGISTERED AGENT MUST SIGN

Date 1-10-03

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
PRESIDENT	ARTHUR J. MICHAUD	1312 FLOTILLA DR.	HOLIDAY, FL. 34690

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR J. MICHAUD

Date

1-10-03 727-942-6023

Daytime Phone #

CR2E081 (10/02)

js 1114

JMI RESOURCE INC.
1312 FLOTILLA DR.
HOLIDAY, FL. 34690

1-10-03

AS PER YOUR PHONE INSTRUCTIONS, \$300.00
PLUS \$8.75 FOR REINSTATEMENT AND CERTIFICATE.
I NEVER REC'D ANY FORMS OR DOCUMENTS VIA
THE MAIL TO KEEP CORPORATION ACTIVE.

A handwritten signature in black ink, appearing to read 'ART MICHAUD', with a stylized, sweeping flourish at the end.

ART MICHAUD