

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV 18 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05

T. Roberts NOV 22 2005



11092005 REIN-P CR2E098 (6/04)

DOCUMENT # P98000102638

1. Entity Name
JMA ENTERPRISES, INC.



Principal Place of Business
~~10595 66TH ST NORTH~~
~~PINELLAS PARK, FL 33782~~

Mailing Address
PO BOX 8030
CLEARWATER, FL 33758-8030

2. Principal Place of Business
12170 RACE TRACK RD

3. Mailing Address
Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
FL

Zip
33626

Country

4. FEI Number
59-3546033

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALKI, MICHAEL
~~10595 66TH ST NW~~
~~PINELLAS PARK, FL 33758~~

12170 RACE TRACK RD
TAMPA FL 33626

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALKI, MICHAEL 10595 66TH ST NORTH PINELLAS PARK, FL 33782 12170 RACE TRACK RD TAMPA FL 33626	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800061549858 11/18/05--01048--006 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALKI, LUCINE 12170 RACE TRACK RD 10595 66TH ST N PINELLAS PARK, FL 33782 TAMPA FL 33626	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 11/10/05 Daytime Phone #