

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -3 PM 4:55

DOCUMENT # P99000002702

1. Corporation Name

JBM REALTY ADVISORS, INC.

Principal Place of Business

Mailing Address

~~2500 AIRPORT RD~~

~~SUITE #105~~

NAPLES, FL 34112

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

2. New Principal Office Address, If Applicable

1167 3rd ST S

Suite, Apt. #, etc.

#109 - 2nd FLOOR

City & State

NAPLES, FL

Zip

34102

Country

COULIER

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

(SAME)

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/11/99

5. FEI Number

59-3567534

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JAMES B. MAY	1167 3rd ST S Suite #109 2nd FLOOR	NAPLES, FL 34102

800003533718--9
-01/11/01--01105--002
****750.00 ****750.00

12/13/01

8. Name and Address of Current Registered Agent

JAMES B. MAY
2500 AIRPORT RD
SUITE #105
NAPLES, FL 34112

9. Name and Address of New Registered Agent

Name

JAMES B. MAY

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

1167 3rd ST S

Suite, Apt. #, Etc.

Suite #109 2nd FLOOR

City

NAPLES, FL

State

FL

Zip Code

34112

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.

Signature of
Registered Agent

James B. May, President 12/29/00

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:

James B. May, President

Date

12/29/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #