

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

00 OCT 18 PM 3:31

DOCUMENT # P99000003333

1. Corporation Name

JMB INCORPORATED

Principal Place of Business

535 CASSAT AVENUE
JACKSONVILLE FL 32254

Mailing Address

535 CASSAT AVENUE
JACKSONVILLE FL 32254

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3551647

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HAGAN, MICHAEL T	2810 CHEROKEE AVENUE	JACKSONVILLE FL 32210
D	HAGAN, JOAN H	2810 CHEROKEE AVENUE	JACKSONVILLE FL 32210

8000003440878--3

-10/26/00--01083--002

*****150.00 *****150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Michael T. Hagan

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

2810 Cherokee Ave.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32210

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

Michael T. Hagan
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-14-2000

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:

Michael T. Hagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-14-2000 904/387-5478

To the State of Florida, Division of Corporations.

This Corporation known as JMB Incorporated d.b.a. Mr. Transmission has never received notice that the corporation needed to be renewed. Since JMB Inc. is a newly formed corporation it was imperative that we received these notices. Your department failed to do so, there by leaving an owner exposed. At this time we are asking that you waive any fees that would have been associated with the delay and JMB Inc. has enclosed its annual renewal fees. Please reinstate this corporation immediately. If there are any further questions please contact the owner Mike Hagan at 1-904-387-5648 or via CERTIFIED MAIL.

Sincerely,

Mike Hagen
JMB Incorporated
d.b.a. Mr. Transmissions
535 Cassat Ave.
Jacksonville, FL 32254
1-904-358-5648
