

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 27 PM 4:02

DOCUMENT # **P99000005134**

1. Corporation Name

SJM Group Inc

2. Principal Office Address

3200 N Ocean Blvd

Suite, Apt. #, etc.

1602D

City & State

Ft Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

PO Box 1149

Suite, Apt. #, etc.

City & State

Aburn, AL

Zip

36931

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEJ Number

65-0889657

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

Gerald Cohen

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

3200 N Ocean Blvd

Suite, Apt. #, Etc.

1602D

City

Ft Lauderdale

State

FL

Zip Code

33308

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

Gerald Cohen

REGISTERED AGENT MUST SIGN

Date

2/11/02

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
Pres	Gerald Cohen	3200 N Ocean Blvd 1602D	Ft Lauderdale, FL 33308

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:

Gerald Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02

Date

212-981-3050

Daytime Phone #