

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000026962**

1. Corporation Name

J.M.G. AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

21278 COUNTY ROAD 455
CLERMONT FL 34711

P.O. BOX 152
ASTATULA FL 34705

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1999

5. FEI Number

59-3563047

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
P	GREEN, MARK D	21278 CR 455	CLERMONT FL 34711
VP	GREEN, AUDREY R	21278 CR 455	CLERMONT FL 34711

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREEN, AUDREY R
21278 COUNTY ROAD 455
CLERMONT FL 34711

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Audrey R Green
REGISTERED AGENT MUST SIGN

Date

2/5/04

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:

Audrey R Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Audrey R Green

Date

2/5/04 352-242-1387

Daytime Phone #

REINSTATEMENT

83-04



300028412593

02/03/04--01049--026 **300.00

FILED

04 FEB -9 PM 3:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E040 (7/03)

JMG & ASSOCIATES, INC.

February 5, 2004

Florida Dept. of State
PO Box 6327
Tallahassee, FL 32314-6327

Division of Corporations,

For some reason JMG & Associates did not receive the 2003 Annual Uniform Business Report. We did not realize this until receiving a letter from Workman's Comp stating a problem with our Corporation and also receiving the Application for Reinstatement from the Florida Dept. of State.

Per my telephone conversation with Tina on 2/4/04 in the Division of Corporations Department, I am taking the appropriate steps to ensure reinstatement. Enclosed is check #1870 in the amount of \$300 for re-instatement of the Corporation. Also enclosed is the Application for Reinstatement.

Respectfully,



Audrey R. Green
Vice President

21278 CR 455 * Clermont, FL 34711
PO Box 152 Astatula, FL 34705
352-242-1387