

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 NOV -8 PM 6:07

DOCUMENT # P99000052242

1. Corporation Name

JM CONVENIENCE CORPORATION

Principal Place of Business

~~4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802~~

Mailing Address

~~4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802~~

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

2. New Principal Office Address, If Applicable
3939 US Highway 301 North
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
Z E D Loewenwarter & Co. LLP
Suite, Apt. #, etc.
10 E. 40th St., suite 2105

4. Date Incorporated or Established
To Do Business in Florida 06/09/1999

City & State
Tampa, FL

City & State
New York, N. Y.

Zip
33619

Country
USA

Zip
10016-0200

Country
USA

5. FEI Number
58-2480440

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
Pres.	Joseph Martarella	321 Doane Avenue	Staten Island, N. Y. 10312

800003482098--7
-11/30/00--01106--025
****750.00 ****750.00

8. Name and Address of Current Registered Agent

BLUMBERG EXCELSIOR CORPORATE SERVICES
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

By: Marc D. Moel, Asst. Secy, For: Blumberg Excelsior Corporate Services, Inc. Its Agent

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:

Joseph Martarella
BY: JOSEPH MARTARELLA, PRESIDENT

10/23/00 718-278-3715
Date Daytime Phone #