

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 12 PM 1:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000070320

1. Corporation Name

JMC Consulting, Inc.

2. Principal Office Address

2617 S. Lake Shore Lane

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip
33761

Country
USA

3. Mailing Office Address

2617 S. Lake Shore Lane

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip
33761

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

08-04-1999

5. FEI Number

59-3591340

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

700028453067
02/10/04--01020--007 **908.75

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Jane M. Grantham

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

2617 S. Lake Shore Lane

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33761

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

Date

Feb 6, 2004

REGISTERED AGENT MUST SIGN

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
D	Jane M. Grantham	2617 S. Lake Shore Lane	Clearwater, FL 33761

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb 6, 2004 727 772-

Daytime Phone #

7012

CR2001 (07/04)