

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 11 PM 12:46

DOCUMENT # PA90000083814

1. Corporation Name

JMAR MANAGEMENT, Inc.

500004649935--1

-10/23/01--01048--004

****150.00 ****150.00

2. Principal Office Address

3317 Gandy Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33611

Country

Hillsborough

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3606836

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

JERRY LAMASCUS

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

3816 S. Drexel Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

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

[Signature]

Date 10-5-01

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.	JERRY LAMASCUS	3816 Drexel Ave	Tampa, FL 33611
			SP

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

JERRY LAMASCUS

Date

10/5/01

Daytime Phone #

813-623-7576

CR2E081 (9/00)

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10-5-04

TO: Fla Dept of State

Please be advised that I
Moved in Fall of 2000 And
did not receive Renewal notice.

When I phoned in to find
out what I needed to do

The Lady advised me to request
~~Reinstatement~~ forms and complete
And mail with check for 150.00
to effect ~~reinstatement~~.

Thank you + Regards,

Jerry
Lamascon