


1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 JUL 20 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S45910

1. Corporation Name

JFM Business Technologies Inc

2. Principal Office Address

1729 SW Waterfall Blvd

Suite, Apt. #, etc.

City & State

Palm City

Zip

34990

Country

USA

3. Mailing Office Address

Po Box 548

Suite, Apt. #, etc.

City & State

Palm City FL

Zip

34991

Country

USA

300057702243
07/20/05--01017--003 **750.00

REINSTATEMENT 01-05

4. Date Incorporated or Qualified
To Do Business in Florida

1991

5. FEI Number

☒ 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

Joel Mulach

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

1729 SW Waterfall Blvd

Suite, Apt. #, Etc.

City

Palm City FL 34990

State

FL

Zip Code

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

Joel Mulach

REGISTERED AGENT MUST SIGN

Date

7/1/05

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	Joel Mulach	1729 SW Waterfall Blvd	Palm City FL 34990

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:

Joel Mulach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/05

Date

872-215-9661

Daytime Phone #

CR2E081 (01/05)

2007

JFM Business Technologies, Inc

PO Box 548
Palm City, Florida 34991
772-215-9661
772-781-9202

July 14, 2005

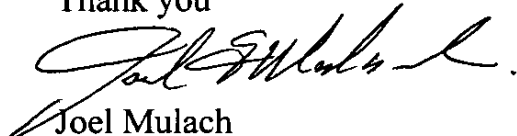
To: Department of State

Please accept this as my notice that I did not receive the annual report for 2001. After speaking to someone in your reinstatement department, there is notice that that years notice was returned to you. Not sure why as I have had this PO Box for many years.?

Put I am requesting that you waive three yrs payments and accept my reinstatement fee of \$ 750.00.

If there are any questions please contact me at 772-215-9661.

Thank you



Joel Mulach
President

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