

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 30 AM 8:46

DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # **V14260**

1. Corporation Name

J & M Properties, Inc

000161054880

09/25/08--61355--010 #2858.75

2. Principal Office Address - No P.O. Box #

314 NW Millpond Ln

Suite, Apt. #, etc.

3. Mailing Office Address

314 NW Millpond Lane

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34986

Country

St. Lucie

Zip

34986

Country

St Lucie

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/92

5. FEI Number

65-0313913

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

Mona Carroll

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

314 NW Millpond Lane

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34986

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Mona Carroll
REGISTERED AGENT MUST SIGN

Date **9-23-09**

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
P, VP	Mona Carroll	314 NW Millpond Lane	Port St Lucie FL 34986

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 contained in Chapter 119, 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

Mona Carroll

9-23-09

Date

Daytime Phone #