

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


09 NOV 30 AM 8:46

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

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09/25/08--01355--010 \*\*\*2859.75

REINSTATEMENT CR2E081 (12/08) 95-09

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V14260**

1. Corporation Name

**J & M Properties, Inc**

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 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:

**Mona Carroll**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Mona Carroll**

**9-23-09**

Date

Daytime Phone #