PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1	PORATION TATEMENT		Secreta	RIMENT OF STATE ry of State CORPORATIONS			ILED 2 AM 10:2	3
DOCUMENT # 548632					TALLAHASSEE, FLORIDA			
1. Corporatio	JEFFE 44/3	ERS + 1 9# St ES, FL		s, INC				
2. Principal Office Address			3. Mailing Office Address		REI	VSTATE	MENT <u>ou</u>	9-0]
Suite, Apt. #, etc.			Suite, Apt. #, etc.			porated or Qualified		
City & State			City & State		To Do Business in Florida 5. FEI Number Applied For			
Zip	Count	ry	Zip	Country	6. CERTIFICATE	/////35 OF STATUS DESIRE	\$8.75 Additi	Not Applicable onal Fee required ficate of Status
			7. Name and	Address of Current Register	ed Agent		- Ior a Cent	ficate of Status
Street Address (P. O. Box Number is Not Acceptated) Suite, Apt. #, Etc. City Naples State Zip Code FL 3 4/03								
8. I, being ap Signature of Registered Ag	1/	holas L	re named corporation, am	familiar with and accept the ob-	oligations of section	_	0503, F.S. - 20 - 0	CR2E081 (10/02)
9. Names ar	nd Street Addresse	s of Each Officer and	or Director (Florida nonpre	ofit corporations must list at lea	ast 3 directors)	<u></u>		
Titles	Office	Name of ers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
PRES Nicholas B Jeffer			rofr 36	aples		Naples	El 34	1/03
	<i></i>	RUS			04/10	70701039	95 244 ('50.00
	7				"" ^	.0095 3 /0701039	-017 **1 -017 **1) 50.00
						1		
this reinst owed by t	tatement application the corporation have oplication is true and	n, the reason for disso e been paid and the r d accurate, and my sig	olution has been eliminated names of individuals listed o	o execute this application as pi , the corporate name satisfies on this form do not qualify for a ce legal effect as if made under	the requirements in exemption unde	of section 607.0401 er section 119.07(3)	or 617,0401, F.S.,	that all fees tion indicated