

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

06 JUN 16 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000040972

1. Corporation Name

CHRISTOPHER R. JETTE, P.A.

2. Principal Office Address

515 North Flagler Drive

Suite, Apt. #, etc.

#910

City & State

West Palm Beach Florida

Zip

33401

Country

U.S.A.

3. Mailing Office Address

515 North Flagler Drive

Suite, Apt. #, etc.

#910

City & State

West Palm Beach Florida

Zip

33401

Country

U.S.A.

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

4/18/2001

5. FEI Number

651095388

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

Jette Christopher R.

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

515 North Flagler Drive

Suite, Apt. #, Etc.

Suite 910

City

West Palm Beach

700076640337
06/27/06 01037 007 **43.75

State
FL

Zip Code
33401

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

REGISTERED AGENT MUST SIGN

Date June 15, 2006

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 | Christopher R. Jette | 515 North Flagler Drive #910 | West Palm Beach, Fl. 33401 |
| | | | |
| | | | |
| | | | |
| | | | |

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

Christopher R. Jette

6/15/2006

Date

(561) 654-0202

Daytime Phone #

Law Offices Of
GOLDSTEIN & JETTE, P.A.

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IAN J. GOLDSTEIN*
CHRISTOPHER R. JETTE
*ALSO ADMITTED IN DISTRICT OF COLUMBIA

NORTHBRIDGE CENTRE
515 NORTH FLAGLER DRIVE
SUITE 910
WEST PALM BEACH, FL 33401

WEBSITE:
www.goldsteinjette.com

TEL: (561) 659-0202
FAX: (561) 659-0133

June 15, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Letter concerning Reinstatement of Corporation

To whom it may concern:

This letter is intended to confirm that my corporation did not receive its annual report notices in the years 2003, 2004, 2005 or 2006. I believe the reason is your files are reflecting an old address that changed in 2003.

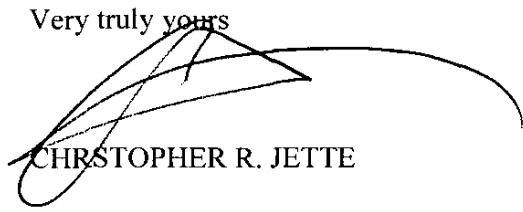
Please accept my apologies for the failure to timely file under these circumstances.

The name of the corporation is CHRISTOPHER R. JETTE, P.A. The document number is P01000040972. The FEI Number is 651095388.

According to the instructions I have enclosed \$458.75 according to the schedules set forth in the instructions accompanying the reinstatement form.

Thank you in advance for your anticipated cooperation.

Very truly yours



CHRISTOPHER R. JETTE