PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	
REINSTATEMENT	
	SO WE THE

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	#	P01	100	006
-----------------	---	-----	-----	-----

1. Corporation Name

J.C. CORPORATE ENTERPRISES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

36835 STATE RD. 54 ZEPHYRHILLS FL 33541

SIGNATURE:

36835 STATE RD. 54 ZEPHYRHILLS FL 3354 FILED

02 NOV -6 PM 1:03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

300008829413 11/06/02--01071--010 **150.00



ZEPHYRHILLS FL 33541	ZEPHYR	HILLS FL 33541					
If above addresses are incorrect in any wa	y, line through incorre	ect information and ente	er correction below.				
2. New Principal Office Address, If Applicable 3 4 7 3 9 TALL DR Suite, Apt. #, etc.	le 3. New 1	3. New Mailing Office Address, if Applicable 3 8739 + +/L D4 Suite, Apt. #, etc.		Date Incorpor To Do Busine	Date Incorporated or Qualified To Do Business in Florida 06/01/2001		
City & State	Gity & Sti		1-6	5. FEI Number 5-9-3-72	11-20-	Applied For	
ZIPHYRHUCS 13 Zip Country 73540 PASCO	Zip 335	YRHILLS	y >CC	6.	F STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Off				east 3 directors)			
Title(s) Name of Office and/or Direct	cers	S	treet Address of Eac officer and/or Directo	h	C	ity / State / Zip	
president Johnsy m u	EST	38939 T	ALL OR		ZEPHYRHIC	23.000	
oreginal CHRISTING A WEST		38439 TALL DR			ZEPHYRHI	33540 45	
		ZEPHYRH		27	33.540		
					-		
				\ \(\(\)	(7)		
				Bel	\	·	
8. Name and Address of C	8. Name and Address of Current Registered Agent			9. Name and Add	Iress of New Regist	ered Agent	
RUSSELL, G.H. JR			Name				
			Street Address (F	P.O. Box Number is N	lot Acceptable)	·	
WESLEY CHAPEL FL 33544			Suite, Apt. #, Etc.				
			City	<u> </u>	[1]	State Zip Code	
 I, being appointed the registered agent of 	the above named cor	poration, am familiar wi	th and accept the ob	oligations of Section (307.0505, F.S. or 617	.0505, F.S.	
Signature of SIGN		EREQU					
Registered Agent UI GIII		GENT MUST SIGN			Date		
11. I certify that I am an officer or director or the this reinstatement application, the reason for owed by the corporation have been paid are on this application is true and accurate, and	receiver or trustee or dissolution has been	empowered to execute an eliminated, the corpo	rate name satisties t	ne requirements of s			

To: Florida Department Of State

From: J.C. Corporate Enterprise Of Florida, Inc.

November 4, 2002

We only received this application for reinstatement, being this is our first corporation. We did not know when the renewal date was, so we did not call for the renewal. With us moving and changing our address we did not get any of the packets, please send, the next renewal to 38939 Tall Dr Zephyrhills, fl 33540

Thank you

Thing his