

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 NOV 2003 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000042464

1. Corporation Name

Jacksonville Management Concepts, Inc.

2. Principal Office Address

815 EYRIE DR.

Suite, Apt. #, etc.

Suite 2

City & State

OVIEDO, FL.

Zip

32765

Country

USA

3. Mailing Office Address

815 EYRIE DR.

Suite, Apt. #, etc.

Suite 2

City & State

OVIEDO, FL.

Zip

32765

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

4/11/02

5. FEI Number

27-0003773

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

James Burgin

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

10000 gate parkway

Suite, Apt. #, Etc.

Apt # 417

City

Jacksonville

State

FL

Zip Code

32246

500024986455

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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

James Burgin

REGISTERED AGENT MUST SIGN

Date

10/29/03

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
Pres.	James Burgin	10000 gate parkway Apt 417	Jacksonville, FL 32246

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 under section 119.07(3)(i), 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:

James Burgin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03

Date

407 366 9171

Daytime Phone #

CR2E081 (10/02)