1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 25 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000061567

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03/24/04--01059--003 **300.00

REINSTATEMENT 03-04

1. Corporation Name
JRB 3, INC.
653 MONUMENT RD
JACKSONVILLE, FL 32225

2. Principal Office Address	**3.** Mailing Office Address
653 MONUMENT RD	653 MONUMENT RD
Suite, Apt. #, etc.: APT 320	Suite, Apt. #, etc.: APT 320
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32225 Country: U.S.	Zip: 32225 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 6-4-2002

5. FEI Number: 01-0717768 ☐ 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 R. BROTHERS III
Street Address (P.O. Box Number is Not Acceptable): 653 MONUMENT RD
Suite, Apt. #, Etc.: APT 320
City: JACKSONVILLE State: FL Zip Code: 32225

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	JAMES R BROTHERS II	653 MONUMENT RD APT 320	JACKSONVILLE, FL 32225

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 R Brothers III 3/4/04 904-721-7295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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March 4, 2004

Florida Dept. of Corporations
Tallahassee, FL

To Whom It May Concern,

When I incorporated the person who drew up the corporate papers listed herself as registered agent and gave her address for all notifications from the State of Florida. She has since closed up shop and I have no way of locating her.

She never notified me that a registration fee was due and I never received notification of the annual business report since the papers were sent to her. I respectfully, request that the $600.00 reinstatement fee be waived since I never received the notice. I am enclosing a reinstatement form and $300.00 which I was told would cover both 2003 and 2004 registration fees.

Sincerely,

James R Brothers III
904-721-7295