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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 17 AM 8:38

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000092299

1. Corporation Name
JR FOAM CREATIONS, INC

500078983775
08/22/06--01019--004 **450.00

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address 204 ALDERWOOD ST Suite, Apt. #, etc.		3. Mailing Office Address 204 ALDERWOOD ST Suite, Apt. #, etc.	
City & State WINTER SPRINGS, FL		City & State WINTER SPRINGS, FL	
Zip 32708	Country USA	Zip 32708	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 08/22/03	
5. FEI Number 20-0169537	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
JOSE R. REANO

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

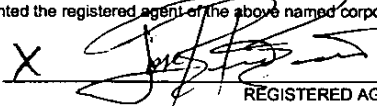
Suite, Apt. #, Etc.

City
WINTER SPRINGS

State
FL

Zip Code
32708

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.

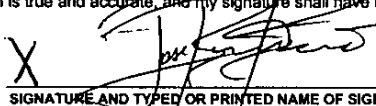
Signature of Registered Agent X  Date 8/15/06

REGISTERED AGENT MUST SIGN

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	JOSE R REANO	204 ALDERWOOD ST	WINTER SPRINGS FL 32708

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: X  Date 8/15/06 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/2

JR FOAM CREATIONS, INC.

P03000092299

EIN: 20-0169537

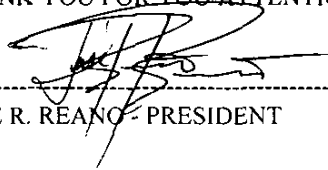
AUGUST 15, 2006

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE WAIVE THE PENALTY AND REINSTATE MY CORPORATION BECAUSE I NEVER
RECEIVED THE ANNUAL REPORT AND DEPARTMENT OF STATE OF DISSOLUTION NOTICE
I AM ENCLOSING A CHECK FOR \$450.00

THANK YOU FOR YOU ATTENTION,



JOSE R. REANO - PRESIDENT