PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN -5 PM 3:01

DOCUMENT # P03000132074

1. Corporation Name
J.T. Installs Inc.

REINSTATEMENT 04-05

2. Principal Office Address	**3.** Mailing Office Address
1542 Amherst Ln.	1542 Amherst Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Kissimmee	Kissimmee
City & State	City & State
Florida	Florida
Zip 34744 Country USA	Zip 34744 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/14/2003

5. FEI Number 200395290 ☐ 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 Jeffrey Torres

Street Address (P.O. Box Number is Not Acceptable) 1542 Amherst Lane

Suite, Apt. #, Etc.

000044044998
01705/05--01010--014 **300.00

City Kissimmee State FL Zip Code 34744

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 1-2-05
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	Jeffrey Torres	1542 Amherst Ln	Kissimmee FL 34744

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: _____ Jeffrey Torres 1-2-05 321-624-9477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Hello my name is Jeff Torres.
And I would like to reinstate my corp.
I did not Received Notification of this
matter, I would like to Apologize IF
I cause any Inconviniance, I'm
sending this year payment plus next
year. I hope you could Reinstate my
corporation.

Thanks A Lot

President

1-2-04

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