2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# P08000028111

Entity Name: JENKINS & SON INC.

Current Principal Place of Business:

229 S. W. 15 ST.
BELLE GLADE,, FL 33430

New Principal Place of Business:

654 S W 1ST ST
BELLE GLADE,, FL 33430

Current Mailing Address:

229 S. W. 15 ST.
BELLE GLADE,, FL 33430

New Mailing Address:

654 S W 1ST ST
BELLE GLADE,, FL 33430

FEI Number: 36-4629133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENKINS, JAMES E SR.
229 S.W 15 ST.
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

JENKINS, JAMES E SR.
654 S W 1ST ST
BELLE GLADE, FL 33430 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEMES E JENKINS 10/13/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JENKINS, JAMES E. S
Address: 226 S.W. 15 ST
City-St-Zip: BELLE GLADE,, FL 33430

Title: VP ( ) Delete
Name: JENKINS, CHRISTINE
Address: 226 S. W. 15 ST.
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JENKINS, JAMES E. S
Address: 654 S W 1ST ST
City-St-Zip: BELLE GLADE,, FL 33430

Title: VP (X) Change ( ) Addition
Name: JENKINS, CHRISTINE
Address: 654 S W 1ST ST
City-St-Zip: BELLE GLADE, FL 33430

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. JENKINS OWNE 10/13/2009
Electronic Signature of Signing Officer or Director Date