

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000039536

Entity Name: JAS3, INC.

FILED
Oct 05, 2006
Secretary of State

Current Principal Place of Business:

8722 THORNWOOD LANE
TAMPA, FL 33615

New Principal Place of Business:

9126 WHISPERING WILLOW WAY
TAMPA, FL 33614

Current Mailing Address:

8722 THORNWOOD LANE
TAMPA, FL 33615

New Mailing Address:

9126 WHISPERING WILLOW WAY
TAMPA, FL 33614

FEI Number: 59-3380156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYONS, ALICE A
8722 THORNWOOD LANE
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

LYONS, ALICE A
9126 WHISPERING WILLOW WAY
TAMPA, FL 33614 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: ALICE A LYONS

10/05/2006

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: D () Delete
Name: LYONS, ALICE A
Address: 8722 THORNWOOD LANE
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: HABER, JULIE
Address: 8722 THORNWOOD LANE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LYONS, ALICE A
Address: 9126 WHISPERING WILLOW WAY
City-St-Zip: TAMPA, FL 33614

Title: D (X) Change () Addition
Name: HABER, JULIE
Address: 9126 WHISPERING WILLOW WAY
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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: ALICE A LYONS

D

10/05/2006

Electronic Signature of Signing Officer or Director

Date