

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 17 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000060317

1. Corporation Name

J.P. CONSULTING SERVICES, INC.

2. Principal Office Address

715 SW 8th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

715 SW 8th Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33315

Country

Broward

Zip

33315

Country

Broward

4. Date Incorporated or Qualified To Do Business in Florida

July 16, 1996

5. FEI Number

65-0687189

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

John C. Pipe

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

715 SW 8th Avenue

200023872052
10/17/03--01025--022 **19 8.75

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33315

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

John C. Pipe

Date 10-13-03

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
D	John C. Pipe	715 SW 8th Avenue	Fort Lauderdale, FL 33315

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)(f), 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: *John C. Pipe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03 954-527-5303

Date

Daytime Phone #

CR2E081 (10/02)

2/ 10/21