

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1462

**CORPORATION**  **FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**  
**Mar 21, 2003 8:00 A.M.**  
**Secretary of State**

**DOCUMENT #** P98000017363  
**1. Corporation Name**  
 THE NEW JRH ONE INC.

<b>2. Principal Office Address</b> 815 N. GARLAND AVENUE		<b>3. Mailing Office Address</b> P.O. BOX 547757	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32801	Country USA	Zip 32854-7757	Country USA

**4. Date Incorporated or Qualified To Do Business in Florida** 11/12/92

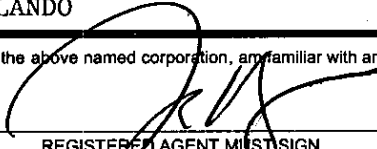
<b>5. FEI Number</b> 59-3154023	Applied For Not Applicable
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**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name JAMES R. HOOPER	
Street Address (P.O. Box Number is Not Acceptable) 815 N. GARLAND AVENUE	
Suite, Apt. #, Etc.	
City ORLANDO	State FL
Zip Code 32801	

**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.**

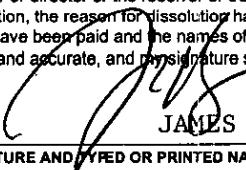
Signature of Registered Agent  Date 3/18/03

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
P	JAMES R. HOOPER	815 N. GARLAND AVENUE	ORLANDO, FL 32801

**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:**  JAMES R. HOOPER PRESIDENT Date 3/18/03 407-849-0167 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

THE LAW OFFICES OF  
**JAMES RICHARD HOOPER**  
A PROFESSIONAL ASSOCIATION

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MAILING ADDRESS:  
POST OFFICE BOX 540509  
ORLANDO, FLORIDA 32854-0509  
(407) 849-0167

March 18, 2003

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Gentlemen:

We are enclosing The New JRH One Inc. Corporation Reinstatement along with a check in the amount of \$300.00 for the filing fees for the years 2002 & 2003.

We were told that the Uniform Business Report was sent to our old office which was closed in 2001. Since we have never received the form, please accept the enclosed check and waive the penalty for late filing.

Sincerely,

  
Dao Churchill  
Comptroller