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

08 APR 22 AM 8:57

DOCUMENT # P03000151931

1. Corporation Name

J & C HOME SERVICES, INC.

000125038430
04/22/08--01019--017 **300.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
31131 Overbrook Street		31131 Overbrook Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Mt. Plymouth, Florida		Mt. Plymouth, Florida	
Zip	Country	Zip	Country
32776	USA	32776	USA

4. Date Incorporated or Qualified To Do Business in Florida 12.15.2003

5. FEI Number 20-0503372 ☐ 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: G. EDWARD CLEMENT

Street Address (P.O. Box Number is Not Acceptable): 308 East Fifth Avenue

Suite, Apt. #, Etc.:

City: Mount Dora | State: FL | Zip Code: 32757

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 G. Edward Clement Date 3.3.08

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/D	Jason O. Murray, Sr.	31131 Overbrook Street	Mt. Plymouth, FL 32776
S/T/D	Christina M. Murray	31131 Overbrook Street	Mt. Plymouth, FL 32776
		REINSTATEMENT 07-03	B 4/23/08

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 contained in Chapter 119, 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: Christina M. Murray 3.3.08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Christina M. Murray, Secretary