

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 174548

1. Corporation Name
JEN-MOR INC

Principal Place of Business Mailing Address
DIAMOND CAB ASSOCIATION 140 NW 8TH AVE
MIAMI FL 33128
US
DIAMOND CAB ASSOCIATION PO BOX 015479
MIAMI FL 33101
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/18/1953	
City & State		City & State		5. FEI Number	
Zip		Country		59-0701214	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				8875 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	FISHER, ROBERT O.	6720 SW 5 TERRACE	MIAMI FL 33144
ST	FISHER, JUNE	6720 SW 5 TERRACE 2906 S SHEPARD LANE	MIAMI FL 33144 WEST VALLEY CITY UT 84120
V	FISHER, ALAN R.	2066 S SHEPARD LANE	WEST VALLEY CITY UT 84120
			200003070412--4 -12/15/99--01013--004 ****500.00 ****500.00
			200003070412--4 -12/15/99--01013--005 ****258.75 ****258.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FISHER, JUNE S. 6720 S.W. 5 TERR MIAMI FL 33144	Name Marc Spellman Street Address (P.O. Box Number is Not Acceptable) 140 NW 8 AVE Suite, Apt. #, Etc. neg-Dart-Apt A City Miami State FL Zip Code 33128

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* REQUIRED Date 10/12/99

REGISTERED AGENT MUST SIGN

11. 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)(i), 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.

JUNE S. FISHER / SEC / TREASURER. KE

SIGNATURE *[Signature]* REQUIRED Oct 28, 1999 801-968-2559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vice President Alan R. Fisher 10/28/99 801-968-2559