

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

CORPORATION REINSTATEMENT



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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 358114

1. Corporation Name JENJO CORPORATION

2. Principal Office Address 6727 126th Avenue North Largo, FL 33773
3. Mailing Office Address 12650 Tree Street N. Largo, FL 33773

700003099617--0 -01/14/00--01094--024 \*\*\*758.75 \*\*\*758.75

City & State, Zip, Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/31/69
5. FEI Number 59-286-9555
6. CERTIFICATE OF STATUS DESIRED [X] \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name John S. Davis
Street Address (P.O. Box Number is Not Acceptable) 6727 126th Avenue North
Suite, Apt. #, Etc.
City Largo State FL Zip Code 33773

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 [Signature] Date 1/10/00 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P;T;S;V John S. Davis 6727 - 126th Avenue N. Largo, FL 33733

REINSTATEMENT [Signature]

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)(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.

SIGNATURE: [Signature] John S. Davis 1/10/00 (727)538-9961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #