<u></u>	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	MGTHIS FORM	1.
	PLICATION AND ADDRESS OF THE PLANE AND ADDRESS	FLORID	A DEPARTME Sandra B. Mo Secretary of VISION OF CORPO	ENT OF STATE ortham State		AND FILED NOV -3 PM 2: 25	W
DOCUMENT # 666215							
1. Corporation Name JIM BOY'S, INC.					TĂLŬĂ	ETARY OF STATE HASSEE, FLORID,	1
Principal Place of Business Mailing Addi 1555 NOVA ROAD 1555 NOVA HOLLY HILL FL 32117 HOLLY HILL			ROAD				
If above addresses are incorrect in any way, line through incorrect information and ente 2. New Principal Office Address, If Applicable 3. New Malling Office Address,					Date Incorp To Do Busir	orated or Qualified less in Florida	04/07/1980
Sulte, Apt. #, etc. Sul			Suite, Apt. #, etc.			,	Applied For
			City & State			59-1968821	Not Applicable
Zip	Country	Zip	Count	ry	6. CERTIFICATE	E OF STATUS DESIRED S	8.75 Additional Fee required for a Certificate of Status
7. Names a	and Street Addresses of Each Officer and/ Name of Officers	or Director (Flor		rations must list at lea		T	
(a)elifiT 1	and/or Directors 3 (Do			Officer and/or Director T Use Post Office Box Numbers)		City / State / Zip	
PD	HEYMAN, JAMES F. 1000 WALKER #1			#145		HOLLY HILL FL	
STD	HEYMAN, SHIRLEY A.	1000 WALKER	# 145		HOLLY HILL FL		
			20			0002340 -11/06/971 ****165.00	1702-4 01099-025 ****165.00
							11341
8. Name and Address of Current Registered Agent Name					9. Name and A	Address of New Registered	l Agent
LARUE, TERRILL J., ESQ. 444 SEABREEZE BLVD. DAYTONA BEACH FL				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
•				City State Zip Code			
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 Department of Registered Agent Registered Agent Department of Registered Agent Registered Agent Department of Registered Agent Must sign							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No							
12. 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 filling 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: SIGNATURE AND TYPES OF A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10-31-97 904-258-1026 Dayline Phone #							

Jo Whom it may concern,

Cl donot Worl to disolve my
Corporation. I mever recivel my priging
form that if always get. The only
thing if got Was a late form for

500 & Romehy dellars, so if Called

a they said they would send me
Another form, but if was also 500

Ro man if get this form.

I Cannot pay 500 if you Can
Newstate my corp. for the negular

fel please do so. Here is a Cheek

for 16500. Thank you for your

time & Consideration.

Sex. Sherley (Sugman) 904-258-1026