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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 666468

900043219739
12/06/04--01068--003 **2400.00

REINSTATEMENT 93-04

1. Corporation Name

JEAN PROPERTIES CORPORATION

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 100 North Main Street | Post Office Box 1058 |
| Suite, Apt. #, etc.: 103 | Suite, Apt. #, etc.: |
| City & State: Walworth, Wisconsin | City & State: Lake Geneva, Wisconsin |
| Zip: 53184 Country: United States | Zip: 53147 Country: United States |

4. Date Incorporated or Qualified To Do Business In Florida: 04/10/80

5. FEI Number: 591989354 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.25 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Jean G. Connelly

Street Address (P.O. Box Number is Not Acceptable): 2737 Bramble Ridge Court

Suite, Apt. #, Etc.:

City: Holiday State: FL Zip Code: 34691

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: Jean G Connelly
REGISTERED AGENT MUST SIGN

Date: November 19, 2004

CR2E081 (01/04)

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 |
|---|---|---|---|
| Pres | James Davis | 661 Lake Shore Drive | Lake Geneva, WI 53147 |
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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: James E Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 19, 2004
Date

262-745-1188 or 262-248-951
Daytime Phone #