

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 16 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 685326

1. Corporation Name
J H A P, INC.

Principal Place of Business
968 REED CANAL
SOUTH DAYTONA FL 32119-3154

Mailing Address
968 REED CANAL
SOUTH DAYTONA FL 32119-3154

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.		08/25/1980	
City & State		City & State		5. FEI Number 59-2016252	
Zip		Zip		Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 97-98

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	FREDRICKS, JUDY	72 GOLDEN GATE CIRCLE	PT. ORANGE FL 32119
SD	HOLLAND, MARY	133 COCONUT CT.	PT. ORANGE FL 32127
			900002459689--3 -03/17/98--01072--001 ****800.00 ****800.00
			900002459689--3 -03/17/98--01072--002 ****100.00 ****100.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FREDRICKS, JUDY 72 GOLDEN GATE CIR. PT ORANGE FL 32019	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

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: Judy Fredricks REGISTERED AGENT MUST SIGN Date: 2/26/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

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 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: Judy Fredricks SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2/26/98 Daytime Phone #: 904 7564415

CREATING (8/97)