
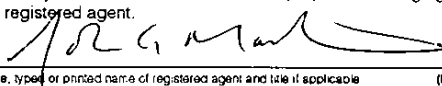
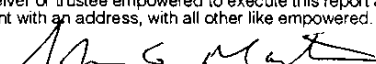


# **.2006 FOR PROFIT CORPORATION REINSTATEMENT**

<b>DOCUMENT # F05000004369</b> 1. Entity Name <b>J.G. MASTERS, INC.</b>						06 OCT 10 4:57 FILED SEC. TALLA	
Principal Place of Business <b>7817 COOPER RD., SUITE B CINCINNATI, OH 45242</b>				Mailing Address <b>7817 COOPER RD., SUITE B CINCINNATI, OH 45242</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>4. FEI Number</b> <b>90-0155611</b>				Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>MASTERS, JAMES 11692 QUALI VILLAGE WAY NAPLES, FL 34119</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>11692 Quali Village Way</b> City <b>FL</b> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: 							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>MASTERS, JOHN</b> <b>7817 COOPER RD., SUITE B</b> <b>CINCINNATI, OH 45242</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200080880622</b> <b>10/16/06--01048--024 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>							
<b>SIGNATURE:</b> 				Date <b>10/11/06</b> Daytime Phone # <b>513-793-6670</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							



**CONTRACT TECHNICAL STAFFING SERVICES**

7817 COOPER ROAD, SUITE B  
CINCINNATI, OHIO 45242  
(513) 793-6670 / FAX 793-3616

October 10, 2006

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

RE: Document #: F05000004369

To Whom It May Concern:

J.G. Masters Inc. has received a "Notice Of Dissolution Or Revocation". This is our first notice of any kind. We did not receive any notice prior to this one.

This is our first time filing an annual report with the state of Florida, and were unaware that it was due during the first part of 2006. We are hoping that you will abate the penalty of \$600.00 and accept our payment of \$150.00 to reinstate J.G. Masters as a valid corporation to transact business in the state of Florida.

We have added Florida Corporate Tax to our year end procedures. It will not be overlooked again.

Thanking you in advance,

A handwritten signature in black ink, appearing to read "Lynn Hogan". The signature is fluid and cursive, with a large initial "L" and "H".

Lynn Hogan  
Accounting/Payroll

Enclosures