

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED

96 NOV -4 AM 9: 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H 66601

1. Corporation Name  
JND Enterprises, Inc.

Principal Place of Business Mailing Address  
7501 S. Tamiami Trail 7501 S. Tamiami Tr  
Sarasote, Fl. 34231 Sarasote Fl  
34231

700001998907--1  
-11/07/96--01042--013  
\*\*\*375.00 \*\*\*375.00

DO NOT WRITE IN THIS SPACE

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 Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/16/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2568474	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
Pres	Dean, Jack	6928 Curlew Rd	Sarasote, Fl. 34241
Sec.	Dean, Kathleen	6928 Curlew Rd.	Sarasote Fl. 34241
VP	Murch, Norma	2114 Lee Lane	Sarasote Fl. 34231

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Dean, Jack W 6928 Curlew Rd. Sarasote Fl. 34241		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.  
Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: 10/29/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] DATE: 9/11-921-6293 DAYTIME PHONE: [Number]