2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J36770

1. Entity Name
JENNINGS HOLDING COMPANY

FILED
05 JUN 24 PM 12:10
TALLAHASSEE, FLORIDA

06042005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
3652 N TAMIAMI TRAIL SUITE 106 NAPLES, FL 33940 US	3652 N. TAMIAMI TRAIL #106 NAPLES, FL 34103 US

2. Principal Place of Business	3. Mailing Address
449 BAYFRONT PL	449 BAYFRONT PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34114 Country: USA	Zip: 34114 Country: USA

4. FEI Number: 65-0010978 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIPPER, RANDALL J
3652 N. TAMIAMI TRAIL
#106
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name: SCHIPPER, RANDALL J.
Street Address (P.O. Box Number is Not Acceptable): 449 BAYFRONT PL.
City: NAPLES FL Zip Code: 34114

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: RANDALL J. SCHIPPER, DP
Signature of new registered agent (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SCHIPPER, RANDALL J 3048 ROUND TABLE LANE NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SCHIPPER, RANDALL J. 449 BAYFRONT PL NAPLES, FL 34114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD SCHIPPER, LYNNE G 3048 ROUND TABLE LANE NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD SCHIPPER, LYNNE G. 449 BAYFRONT PL. NAPLES, FL 34114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: RANDALL J. SCHIPPER, PRES. 06/23/05 239-403-4321
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #