

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J36770		
1. Entity Name JENNINGS HOLDING COMPANY		

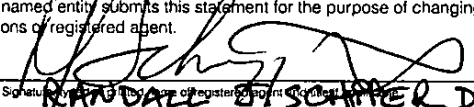
Principal Place of Business 3652 N TAMiami TRAIL SUITE 106 NAPLES, FL 33940 US	Mailing Address 3652 N. TAMiami TRAIL #106 NAPLES, FL 34103 US
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2. Principal Place of Business 449 BAYFRONT PL	3. Mailing Address 449 BAYFRONT PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES, FL	City & State NAPLES, FL
Zip 34114	Country USA
Zip 34114	Country USA

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	
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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.

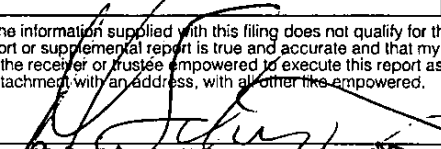
SIGNATURE:  DATE: _____

Signature required for change of registered agent or office. Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  DATE: **06/23/05** Daytime Phone #: **239-403-4321**

Signature and typed or printed name of signing officer or director.

FILED
05 JUN 24 PM 12:10
ALLAHASSEE, FLORIDA



06042005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0010978	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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000056471448
06/23/05--01022--007 ☐ Change ☐ Addition