

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 21 PM 2:53

DOCUMENT # J61157	
1. Entity Name J & S INVESTMENTS, INC.	

Principal Place of Business 3630 BELLE VISTA DR SAINT PETERSBURG, FL 33706	Mailing Address P.O. BOX 66065 SAINT PETERSBURG, FL 33736
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2. Principal Place of Business - No P.O. Box # 3402 W. Baker St Suite, Apt. #, etc.	3. Mailing Address 3630 Belle Vista Dr Suite, Apt. #, etc.
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City & State Plant City FL	City & State St. Pete Beach FL
Zip 33563	Zip 33706
Country	Country

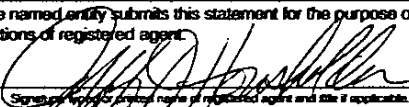


05182008 REIN-P CR2E098 (1/07)

4. FEI Number 59-2787509	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOUSHOLDER, JEFFREY J. 3630 BELLE VISTA DR SAINT PETERSBURG, FL 33706	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

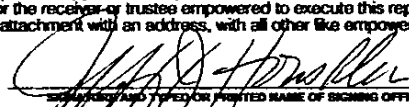
SIGNATURE:  DATE: **5/17/08**

(NOTE: Registered Agent signatures required when reinstating)

FILE NUMBER 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	P HOUSHOLDER, SHARON L. 3630 BELLE VISTA DR SAINT PETERSBURG, FL 33708 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HOUSHOLDER, JEFFREY J. 3630 BELLE VISTA DR SAINT PETERSBURG, FL 33706 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 900129973509 05/21/08--01002--019 **308.75
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 900129973509 05/21/08--01002--021 **450.00
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 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.

SIGNATURE:  DATE: **5/17/08**

Signature and Title of Officer or Director

REINSTATEMENT **07-08**
B 5/23/08