PLEASE READ A	ALL INSTRUCTI	ONS BEFORE O	OMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPAR Sandra i Secreta	RTMENT OF STATE  B. Mortham  try of State  CORPORATIONS	FILED 97 NOV 21 PM 3: 07
DOCUMENT # K 40348  1. Corporation Name			SECRETARY OF STATE TALLARY SE L'ELOBIDA
JCVC Enterprises, INC.			Married
Principal Place of Business		rdst. al, Fh <sub>33990</sub>	
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 Malling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 FEI Number
City & State	City & State		(/3 - 008 4 (//30   Not Applicable
Zip Country	Ζίρ	Country	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Title(s) and/or Directors Officer and/or		it corporations must list at lea Street Address of Each Officer and/or Director NOT Use Post Office Box N	City / State / Zip
DP Velma Carrillo 1		SE. 3rd St	V4 - (V(V))// 1-1-30/10
			70002356767-3 -11/25/9701054026 ***1088.75 ***1088.75
		REINST	ATEMENT 95-97
8. Name and Address of Current R	enletered Arent		Sc 11-21-97
Name			9. Name and Address of New Registered Agent
Velma (arrillo U19 SE. großt. Cape Coral, Fla.		Street Address (P.O. Box Number is Not Acceptable)	
cape Coral, Pla.		Suite, Apt. #, Etc.	
33990 City			State FL Zip Code
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent Date 11/19/97  REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No (See other side for information on intangible tax.)			
12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 11/18/47 (041) 275-9884			

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