

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K50967 1. Entity Name JET CONSOLIDATED, INC.					
Principal Place of Business 27499 RIVERVIEW CENTER BLVD. SUITE 108 BONITA SPRINGS, FL 34134			Mailing Address 27499 RIVERVIEW CENTER BLVD. SUITE 108 BONITA SPRINGS, FL 34134		
2. Principal Place of Business 16520 S. Tamiami Trail Suite, Apt. #, etc. 18-300		3. Mailing Address 16520 S. Tamiami Trail Suite, Apt. #, etc. 18-300		 REINSTATEMENT 06	
City & State Fort Myers, FL		City & State Fort Myers, FL		4. FEI Number 31-6043969	
Zip 33908		Zip 33908		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GARNER, JAMES F. 27499 RIVERVIEW CENTER BLVD. SUITE 108 BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent Name James F. Garner Street Address (P.O. Box Number is Not Acceptable) 16520 S. Tamiami Trail #18-300 City Fort Myers FL Zip Code 33908	
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>				James F. Garner, Vice President <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 11/9/06				DATE 11/9/06	
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00				500081769145 11/14/06--01065--001 **750.00	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE S	NAME CHILDS, ESTHER R		TITLE S	NAME Childs, Esther R	
STREET ADDRESS 24799 RIVERVIEW CENTER BLVD. STE. 108			STREET ADDRESS 16520 S. Tamiami Trail #18-300		
CITY-ST-ZIP BONITA SPRINGS, FL 34134			CITY-ST-ZIP Fort Myers, FL 33908		
TITLE DV	NAME GARNER, JAMES F		TITLE DV	NAME Garner, James F.	
STREET ADDRESS 27499 RIVERVIEW CENTER BLVD. STE. 108			STREET ADDRESS 16520 S. Tamiami Trail #18-300		
CITY-ST-ZIP BONITA SPRINGS, FL 34134			CITY-ST-ZIP Fort Myers, FL 33908		
TITLE PD	NAME CLEAVELAND, JANET F		TITLE PD	NAME Cleaveland, Janet F.	
STREET ADDRESS 9600 GLADIOLUS BLOSSOM CT.			STREET ADDRESS 16520 S. Tamiami Trail #18-300		
CITY-ST-ZIP FORT MYERS, FL 33908			CITY-ST-ZIP Fort Myers, FL 33908		
CITY-ST-ZIP BONITA SPRINGS, FL 34134			CITY-ST-ZIP Fort Myers, FL 33908		
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CITY-ST-ZIP BONITA SPRINGS, FL 34134			CITY-ST-ZIP Fort Myers, FL 33908		
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: 11/9/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE: 239 851-2915	