

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY -6 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K75092**

1. Corporation Name

JRC WHOLESALE TRANSMISSION INC

2. Principal Office Address

5475 S. Orange Blossom TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Orlando, FL

City & State

Same

Zip

32839

Country

USA

Zip

Same

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/20/1989

5. FEI Number

59-2934910

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

Ramon G. Ortiz

Street Address (P.O. Box Number is Not Acceptable)

360 Vallejo Ct.

Suite, Apt. #, Etc.

City

Wakeland

State

FL

Zip Code

33809

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-05/17/02--01015-016

*****1058.75 **** 808.75**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/30/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Ramon G. Ortiz	360 Vallejo Ct.	Wk. Fl. 33809
U/D	Judy R. Ortiz	360 Vallejo Ct.	Wk. Fl. 33809

10. 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:

Judy R. Ortiz **Judy R. Ortiz**

Date

4/30/02

Daytime Phone #

863-859-0895

Thanks
Check for 1,050.00 plus 8.75
Per Phone Conversation on 4/30/02

CR2E081 (8/01)