PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -1 AM 7:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

000014241750
05/01/03--01029--011 **238.75
000014241750
03/17/03--01063--008 **61.25

DOCUMENT # L68972

1. Corporation Name
JELSIE CORPORATION

2. Principal Office Address	3. Mailing Office Address
4326 NW 23 RD AVE	7400 NW 128 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GAINESVILLE , FL	City & State: ALACHUA, FL
Zip: 32606 Country: USA	Zip: 32615 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 04/26/1990

5. FEI Number: 59-3003872 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 additional fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: TODD A. BAKER

Street Address (P.O. Box Number is Not Acceptable): 7400 NW 128 PLACE

Suite, Apt. #, Etc.:

City: ALACHUA State: FL Zip Code: 32615

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: Todd A Baker Date: 3/12/03
REGISTERED AGENT MUST SIGN

CR2E047 (1/99)

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	TODD A. BAKER	7400 NW 128 PLACE	ALACHUA, FL 32615

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: Todd A Baker Todd A. Baker 3/12/03 352-377-1532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gl 5/5

March 12th 2003

Jelsie Corporation
7400 NW 128th Place
Alachua FL 32615

Department OF State
Division of Corporations
PO BOX 6327
Tallahassee FL 32314

RE: Corporation Reinstatement and Reinstatement Fee
Document Number L68972

Please be advised that our company did not receive our annual report In the mail and for that reason the corporation was admin dissolved. Therefore, I am requesting that you please accept this letter to "Waive" the Reinstatement Fee for Profit Corporation.

Furthermore, I am enclosing our Corporation Reinstatement Form for processing.

If you need further information please call me at (352) 377.1532

Sincerely,

Todd A. Baker
President
Jelsie Corporation

Todd A. Baker