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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -2 PM 5:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000001143

1. Corporation Name
J Shultz & Associates, Inc.

2. Principal Office Address 11548 59th Terrace N Suite, Apt. #, etc.		3. Mailing Office Address 11548 59th Terrace N Suite, Apt. #, etc.	
City & State Seminole, FL		City & State Seminole, FL	
Zip 33772	Country Pinellas	Zip 33772	Country Pinellas

REINSTATEMENT 02-05

4. Date Incorporated or Qualified To Do Business in Florida 12/28/1999

5. FEI Number 59-3607660
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
John Shultz

Street Address (P.O. Box Number is Not Acceptable)
11548 59th Terrace N

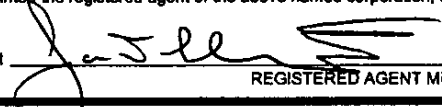
Suite, Apt. #, Etc. 500054354125
05/13/05--01010--004 **600.00

City
Seminole

State
FL

Zip Code
33772

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.

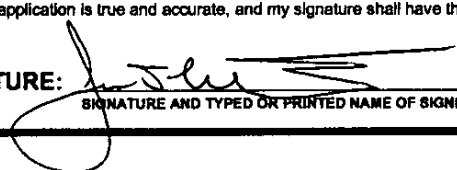
Signature of Registered Agent  Date 4-26-2005

REGISTERED AGENT MUST SIGN

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
D	John Shultz	11548 59th Terrace N	Seminole, FL 33772

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)(f), 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:  Date 4-26-2005 Daytime Phone # 418 8467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)

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JACOBS ACCOUNTING, INC.
2121 MAIN STREET
DUNEDIN, FL. 34698
727-210-2552
FAX # 727-210-2553

04/25/2005

FLORIDA DEPARTMENT OF STATE
DIV. OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN,

WE ARE REQUESTING THAT YOU WAVE THE PENALTIES FOR REINSTATEMENT OF J SHULTZ & ASSOCIATES, INC. MR. SHULTZ NOTIFIED US THAT HE DID NOT RECEIVE THE ANNUAL REPORT FORM IN THE YEAR 2002 AND HIS CORPORATION WAS ADMINISTRATIVELY DISSOLVED ON 10/04/2002. THEREFORE, NO FILING REPORTS WERE SENT IN SUBSEQUENT YEARS.

WE APPRECIATE YOUR HELP IN RESOLVING THIS MATTER.

ENCLOSED IS CHECK #811 IN THE AMOUNT OF \$ 600.00 FOR THE REINSTATEMENT OF THE INCORPORATION OF

J SHULTZ & ASSOCIATES, INC.

THE \$600.00 IS FOR THE FOLLOWING YEARS:

2002	\$150.00
2003	\$150.00
2004	\$150.00
2005	\$150.00
TOTAL	<u>\$600.00</u>

PLEASE RETURN THE CERTIFICATE AND ARTICLES OF INCORPORATION TO:

JACOBS ACCOUNTING & COMPUTERS, INC.
2121 MAIN STREET
DUNEDIN, FLORIDA 34698

IF YOU HAVE ANY QUESTIONS PERTAINING TO THIS MATTER PLEASE CALL 727-210-2552.

RESPECTFULLY SUBMITTED,

A handwritten signature in black ink, appearing to read "Harley Jacobs", written in a cursive style.

HARLEY JACOBS
ACCOUNTANT