

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000031822

1. Corporation Name

JF Deshler Enterprises, Inc.

2. Principal Office Address 5208 Turnpike Feeder Rd		3. Mailing Office Address 638 SE Evergreen Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Pierce, FL		City & State Port Saint Lucie, FL	
Zip 34951	Country USA	Zip 34983	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **3/24/2000**

5. EEL Number **65-0990838**

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

7. Name and Address of Current Registered Agent

Name
Steven Joseph Silver

Street Address (P.O. Box Number is Not Acceptable)
17080 Doyle Ave

Suite, Apt. #, Etc.

City
Port Charlotte

State
FL

Zip Code
33954

200082143082
11/29/06--01066--001 **308.75

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 *Steven Joseph Silver* Date **November 19, 2006**

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
P/D	John F. Deshler	638 SE Evergreen Terr	Port Saint Lucie, FL 34983
V	Steven J. Silver	17080 Doyle Ave	Port Charlotte, FL 33954

Bill/21/06
05-06

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 contained in Chapter 119, 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: *Steven J. Silver* Steven J. Silver 11-19-2006 772-216-7862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

payor

November 20, 2006

In regards to: Waiving the Corporation Reinstatement Fee

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

2005

I am asking for the reinstatement fees to be waived. I never received the paperwork due to Hurricanes Francis, Jeanne, and Wilma destroying my business and my house. All of the files pertaining to this business were destroyed as well. I have never been late or missed a filing deadline until last year so I am asking for the fee to be waived. Thank you for your cooperation.

Sincerely,



Steven Silver