

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P0000038498

1. Corporation Name
 JETTA PRODUCTS OF FLORIDA, INC.

Principal Place of Business Mailing Address

1200 LEE STREET 1200 LEE STREET
 WILDWOOD FL 34785 WILDWOOD FL 34785

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida 04/10/2000

5. FEI Number 59-3642625 Applied For Not Applicable

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

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JOHNS, CHARLES R	1200 LEE STREET	WILDWOOD FL 34785
			100004695731--1 11/27/01 01000 013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

JOHNS, CHARLES R
 1200 LEE STREET
 WILDWOOD FL 34785

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Charles R. Johns* SIGNATURE REQUIRED Date 10-29-01

REGISTERED AGENT MUST SIGN

11. 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: *Charles R. Johns* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10-29-01 Daytime Phone # 352/330-1630

CR2E040 (8/01)