PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

REINSTATEMENT 03-04
MRD

200035718312
05/06/04--01064--018 **150.00
10/31/03 01081 009 *750.00

DOCUMENT # P00000065865

1. Corporation Name
JTS ENTERPRISES, INC.

2. Principal Office Address
9908 OLD BAYMEADOWS
Suite, Apt. #, etc.
City & State
JACKSONVILLE FL
Zip 32256 Country USA

3. Mailing Office Address
455 GARDEN VIEW TER
Suite, Apt. #, etc.
City & State
ORANGE PARK FL
Zip 32003 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3665022 | 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 STEPHENS
Street Address (P.O. Box Number is Not Acceptable) 455 GARDEN VIEW TER
Suite, Apt. #, Etc.
City ORANGE PARK State FL Zip Code 32003

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 4/28/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
~~PRES~~			
P/T/S/V	JOHN STEPHENS	455 GARDEN VIEW TER	ORANGE PARK FL 32003

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: ______ JOHN STEPHENS 4/28/04 904-334-7548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

money was applied to wrong corporation in 10/03.
MRD 5/14/04