

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000080086

1. Corporation Name

JOHN JAKAB & ASSOCIATES, INC.

Principal Place of Business

415 N. JEFFERSON AVE.
CLEARWATER FL 34615

Mailing Address

415 N. JEFFERSON AVE.
CLEARWATER FL 34615

REINSTATEMENT 03

400024478904

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

4. Date Incorporated or Qualified To Do Business in Florida

08/18/2000

Suite, Apt. #, etc.

415 N. Jefferson Ave.

Suite, Apt. #, etc.

415 N. Jefferson Ave.

City & State

Clearwater, Fl.

City & State

Clearwater, Fl.

Zip

33755

Country

Pinellas

Zip

33755

Country

Pinellas

5. FEI Number

65-1055943

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	JAKAB, JOHN R	415 N. JEFFERSON AVE.	CLEARWATER FL 34615 33755
PD	Prouse, William J	5541 Bay Blvd. #404	Port Richey, Fl. 34668-6033

8. Name and Address of Current Registered Agent

JAKAB, JOHN R
415 N. JEFFERSON AVE.
CLEARWATER FL 34615

9. Name and Address of New Registered Agent

Name John R. Jakab
Street Address (P.O. Box Number is Not Acceptable) 415 N. Jefferson Ave.
Suite, Apt. #, Etc. Clearwater
City Clearwater State FL Zip Code 33755

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/3/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/03
Date

727-204-6827
Daytime Phone #

CRE040 (7/03)

To whom it may concern,
Please accept my reinstatement of my corporation. I never recieved any notices of my need to complete my annual report, and I believe it could of been because of the improper zip code or the fact that I've been under the care of family for the last year due to some kemo therapy wasn't working. Everything done and I need to get back to work which means I need this Corporation to be in an active status as soon as possible. On my reinstatement application I've corrected the zip code and added an officer of the company to help me with my bussiness and keep on top of things. Please, again I hope you accept my reinstatement and it won't happen again.

Thank you,
President ~~John Jakob~~
John Jakob
Buss. # 727-446-5192
Cell # 727-204-6827

P.S. If possible call me to let me know when and if I will be reinstated. Thank you