## LEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

$\Box$	വ	JN	1EN	JT	#	P00000116307
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1. Corporation Name

Signature of

FILED	
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SECRETARY OF STATE TALLAHASSEE, FLORID	۵

JAIMES	' ENTERPRISES	, INC.					
				300032467713 (			
2. Principal Office Address 2311 HIGHWAY 17 N		3. Mailing Office A	Address	04/12/0401058011 **300.00			
		2311 HIG	HWAY_17N	REMICTATION 02			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
				4. Date Incorporated or Qualified To Do Business in Florida			
City & State		City & State		5. FEI Number 65-1063969 Applied For 65-1072527 Not Applied			
		WAUCHULA	FLORIDA -				
Žip	Country	Zip	Country	6\$8.75 Additional Footo			
3 <b>3</b> 873	HARDEE	33873	HARDEE	CERTIFICATE OF STATUS DESIRED  for a Certificate of Sta			
		7. Name a	and Address of Current Regi	istered Agent			
Name	!						
	ROOSEVELT S. ISAAC, SR.  Street Address (P.O. Box Number is Not Acceptable)  347 SOUTH ORANGE AVE.						
Street							
Suite,	Suite, Apt. #, Etc.						
City				State Zip Code			
	ARCADIA,	FLORIDA 34	266	FL			
8. I, being appointe	d the registered agent of the	above named corporation	n, am familiar with and accept t	the obligations of section 607.0505 or 617.0503, F.S.			

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	Citý / State / Zip				
P	ARTURO JAIMES	2311_HIGHWAY_17N	WAUCHULA, FL. 33873				
s -	ROSALBA JAIMES	2311 HIGHWAY 17N	WAUCHULA, FL. 33873				
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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.

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Losevell I. Isaac

-- Daytime Phone #

Date 4-6-04

JAIMES' ENTERPRISES, INC.
ARTURO JAIMES, PRES.
2311 HIGHWAY 17 N
WAUCHULA, FLORIDA 33873

## DEAR SIR:

WE ARE SENDING YOU THIS LETTER TO LET YOU KNOW THAT WE DO

NOT\_RECIEVE-ANY-NOTICE-ABOUT-THE-STATUS-OF-OUR-CORPORATION UNTIL

WE SPOKE TO ONE OF YOUR OFFICE A FEW DAYS AGO. SO WE ARE ENCLOSING
A MONEY ORDER FOR \$ 300.00, AND WOULD YOU PLEASE REINSTATE OUR

CORPORATION. THANK YOU. For 2004,

SINERELY,

ARTURO JAIMES

PRESIDENT