


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 12:38

DOCUMENT # P00000117437

1. Corporation Name

JES OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

3241 SEVILLE DR.
PENSACOLA FL 32503

3241 SEVILLE DR.
PENSACOLA FL 32503



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 12/27/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3688490	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PRES SEC	JOE ESTES SHERRILL	3241 SEVILLE DR	PENSACOLA, FL 32503

400004689904--9
11/20/01 01000 002
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUSTON, GARY W.
125 W. ROMANA, STE. 800
PENSACOLA FL 32501

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Gary W. Huston

Date October 23, 2001

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:

Joe Estes Sherrill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-01

CR2ED40 (801)

October 23, 2001

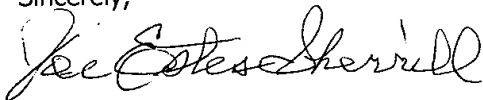
Florida Department of State
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Enclosed is the application for reinstatement of JES of Pensacola, Inc. and a check in the amount of \$150.00. The company was incorporated December 27, 2000. This is the first corporation that I have been involved with and I was not aware of this fee. I did not receive any correspondence prior to this form.

I now understand that this is an annual fee and it is due the first part of the year. I request that any penalties be eliminated. My CPA stated that I should pay \$150.00 and request the penalty abatement.

Sincerely,

A handwritten signature in cursive script that reads "Joe Estes Sherrill".

Joe Estes Sherrill
President

Enclosures - as above