

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -4 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000018182

1. Corporation Name

JAYNE SANDERS, INC

2. Principal Office Address

1097 ROBLE WAY

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS FL

Zip

33410

Country

USA

3. Mailing Office Address

1097 ROBLE WAY

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

USA

REINSTATEMENT 0205

4. Date Incorporated or Qualified To Do Business in Florida

2/16/01

5. FEI Number

651085541

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

JAYNE SANDERS

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

1097 ROBLE WAY

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

Jayne Sanders

Date

12/29/04

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	City / State / Zip
<u>P.T. S.D.</u>	<u>Jayne Sanders</u>	<u>1097 Roble Way</u>	<u>Palm Beach Gardens FL 33410</u>

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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:

Jayne Sanders

JAYNE SANDERS

12/29/04

561-656-2366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #