

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -2 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000025730

1. Corporation Name

JTG VENTURES, INC.

Principal Place of Business

8879 W COLONIAL DR STE 230  
OCOE FL 34761

Mailing Address

8879 W COLONIAL DR STE 230  
OCOE FL 34761

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/08/2001

5. FEI Number

59-3729074

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WILDER-JOHNSON, SONYA	9001 LAKE FISCHER BLVD	GOTHA FL 34734

600009771286  
01/02/03--01004--006 \*\*158.75

8. Name and Address of Current Registered Agent

WILDER-JOHNSON, SONYA  
9001 LAKE FISCHER BLVD  
GOTHA FL 34734

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Sonya Wilder-Johnson*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12/26/02

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:

*Sonya Wilder-Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/26/02 (407)532-0939

CR2ED40 (8/02)

December 26, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: JTG Ventures, Inc  
8879 W. Colonial Dr. Ste 230  
Ocoee, FL 34761

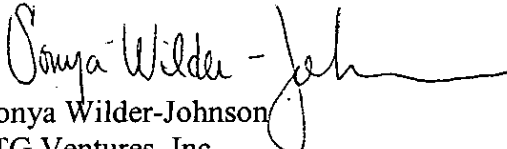
Reinstatement Section:

Attached please find a reinstatement application for the company listed above along with a check in the amount of \$150.00.

We did not receive requests earlier in the year requesting the filing of a Uniform Business Report.

Thank you for your assistance.

Sincerely,

  
Sonya Wilder-Johnson  
JTG Ventures, Inc.  
President  
(407) 522-0939