

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

03 OCT 17 PM 12:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**APPLICATION
 FOR
 REINSTATEMENT**

DOCUMENT # P01000026734

1. Corporation Name

JCEC, INC.

Principal Place of Business

445 STATE RD. 13 N
 #26294
 JACKSONVILLE FL 32259

Mailing Address

445 STATE RD. 13 N
 #26294
 JACKSONVILLE FL 32259

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



REINSTATEMENT

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

03/12/2001

5. FEI Number

APPLIED FOR

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
PRES	TRZECIESKI, PAMELA A	445 STATE RD. 13N #26294	JACKSONVILLE FL 32259

700023908577
 10/17/03--01062--024 **150.00

8. Name and Address of Current Registered Agent

TRZECIESKI, PAMELA
 445 STATE RD. 13 N
 #26294
 JACKSONVILLE FL 32259

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 *Pamela Trzeciński*
 REGISTERED AGENT MUST SIGN

Date 10/13/03

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: *Pamela Trzeciński* Pamela Trzeciński 10/13/03 (904) 813-2380
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

JCEC, Inc.
445 State Rd. 13N # 26-294
Jacksonville, FL 32259
(904)287-3856 FAX (904)287-2787

October 13, 2003

Division of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Please accept this request from the contractor, JCEC, Inc. to waive the additional fees for renewal. This application and its fee are being filed and paid late due to the fact that no renewal notice was received by this office at any time during this past year. Notification of this renewal was not received by this office. I am enclosing a check in the amount of \$150.00. Please be advised that all of our state and county contractor and occupational licenses are current and were renewed and paid for on time. Please accept our apologies for late filing of this application. If you have any further questions please contact Pamela Trzeciecki directly at (904)813-2380.
Thank you.

Sincerely,



Pamela Trzeciecki; President
JCEC, Inc.