


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 182

FILED
05 DEC -1 AM 8:42
S. C. CLERK OF THE COURT
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000034028

1. Corporation Name
JCOT CORPORATION, INC.

2. Principal Office Address
P.O. BOX 2970

3. Mailing Office Address
P.O. BOX 2970

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WINDERMERE, FLORIDA

City & State
WINDERMERE, FLORIDA

Zip Country
34786-2970 USA

Zip Country
34786-2970 USA

4. Date Incorporated or Qualified To Do Business in Florida **03/30/01**

5. FEI Number **59-3710566**

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

DEC 01 2005
CR2E081 (8/05)

03-05

7. Name and Address of Current Registered Agent

Name
JAMES SCOTT ALLEN, JR.

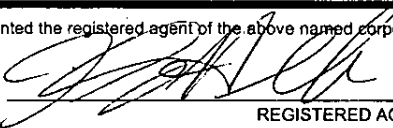
Street Address (P.O. Box Number is Not Acceptable)
700 WAVECREST AVENUE.

Suite, Apt. #, Etc.
SUITE 202

City
INDIALANTIC

State Zip Code
FL 32903

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 

Date **11/21/05**

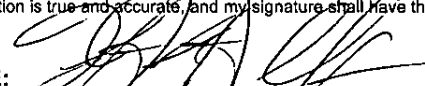
REGISTERED AGENT MUST SIGN

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
P	JAMES SCOTT ALLEN, JR.	P.O. BOX 2970	WINDERMERE, FL 34786-2970

100061915961
12/05/05--01088--020 **450.00

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/21/05**

Date Daytime Phone #

LASHBROOK, WOLLARD & FASANO, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

PSJL

Dru D. Lashbrook, CPA
Brian H. Wollard, CPA
David J. Fasano, CPA, MBA
Dean R. Lashbrook
Jerry W. Reed, EA

Member of the
Florida Institute of
Certified Public Accountants

4481 Stirling Road
Fort Lauderdale, Florida 33314
Telephone: (954) 581-8112
Fax: (954) 581-2554
info@lbrook.com

November 28, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: JCOT CORPORATION, INC.
DOC# P01000034028

To Whom It May Concern:

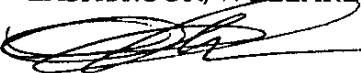
Enclosed is a check in the amount of \$450.00 to cover the 2003, 2004 and 2005 corporate annual filing fees for the above referenced corporation.

The officer of the corporation did not receive the previous notice regarding the annual report as the address of the corporation has been changed for sometime. It wasn't until professional advice was sought that it was discovered the annual reports had not been filed and that the corporation was in an unactive status.

Please accept the enclosed check and bring this corporation into an active status with the State for reasonable cause. Your consideration in this matter is appreciated. If you should have any questions please contact our office. Thank you.

Sincerely,

LASHBROOK, WOLLARD & FASANO, P.A.


Dru D. Lashbrook, CPA
For the firm.

DDL/kd
Enclosures