

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

02 NOV -8 AM 8:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000034478

1. Corporation Name
JACK RHODES, CONSULTANT, INC.

Principal Place of Business: 610 GRAND BLVD., SUITE 200, DESTIN FL 32541
 Mailing Address: P.O. BOX 1918, SANTA ROSA BEACH FL 32459



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	
Suite, Apt. #, etc. 21 North Spooky Ln		Suite, Apt. #, etc.		04/05/2001	
City & State Santa Rosa Beach, FL		City & State		5. FEI Number 59 3734351	
Zip 32459		Country USA		Applied For Not Applicable	
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Jack Rhodes	21 N Spooky Lane	Santa Rosa Bch, FL 32459
President	↓		
Secretary			
Treasurer			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HAWKINS, JOHN W ESQ. MATTHEWS & HAWKINS, P.A. 607 HIGHWAY 98 EAST DESTIN FL 32541		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: [Signature] **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN
 Date: 10/31/02

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: [Signature] **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 10/31/02
 Daytime Phone #: 850 207 1592

CR2E040 (8/02)