

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 MAR 16 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

400029415954
02/26/04--01004--010 **758.75
400029415954
03/16/04--01050--030 **141.25

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 001000036100			
1. Corporation Name SJN VENTURES, INC.			
2. Principal Office Address 119 N. AIRPORT ROAD Suite, Apt. #, etc. City & State TAVERNIER, FL Zip 33070 Country		3. Mailing Office Address 119 N. AIRPORT ROAD Suite, Apt. #, etc. City & State TAVERNIER FL Zip 33070 Country	

4. Date Incorporated or Qualified To Do Business in Florida AUG 2001	
5. FEI Number 65--H33702	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name CHRISTOPHER M. DAVID ESQ		
Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVENUE		
Suite, Apt. #, Etc. PENTHOUSE		
City MIAMI	State FL	Zip Code 33131

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

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
PRES.	SCOTT NYMAN	119 N. AIRPORT ROAD	TAVERNIER FL 33070

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

Daytime Phone #

CR2E081 (01/04)