

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 OCT 30 AM 7:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000043936**

1. Corporation Name

WJS MANAGEMENT SERVICES INC.

Principal Place of Business

8336 GOLDOME DR
 PORT RICHEY FL 34668

Mailing Address

8336 GOLDOME DR
 PORT RICHEY FL 34668

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



REINSTATEMENT 02

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

04/30/2001

5. FEI Number

59-3719351

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
D	JACOBS, WESSEL J	8336 GOLDOME DR	PORT RICHEY FL 34668
D	JACOBS, SANDRA	8336 GOLDOME DR	PORT RICHEY FL 34668

500008697485
 10/30/02--01047--016 **750.00

8. Name and Address of Current Registered Agent

JACOBS, WESSEL J
 8336 GOLDOME DR
 PORT RICHEY FL 34668

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

CR2E040 (8/02)

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

10-24-02

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

10-24-02

Daytime Phone #

(27)
 919-0525