PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000061973

1. Corporation Name

J.L. HICKS ENTERPRISES, INC.

Principal Place of Business

7774 S GEORGE BLVD SERRING FL 33871

SIGNATURE:

Mailing Address
P O BOX 4131
SERRING EL 33871

FILED Dec 06, 2002 8:00 A.M. Secretary of State

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addresses are	incorrect in any way, line t	hrough incorrect i	nformation ar	nd enter c	correction below.	75116	TATEGE	- D. G. G.	82	•
2. New Principal Office Address, If Applicable Suite, Apt. #, etc.			3. New Mailing Office Address, If Applicable				4. Date Incorporated or Qualified To Do Business in Florida 06/20/2001			
			Suite, Apt. #, etc.			5. FEI Number Applied For				or
9		City & State	City & State					Not Applicable		
ip Country		Zip Cou		Country	ntrv		S8.75 Additional Fee requirements of Status DESIRED To a Certificate of Status			
and Street Add		d/or Director (Flo	rida nonprofit			···	T.			
Title(s) Name of Officers and/or Directors							City / State / Zip			
HICKS, LOUIS E			PO BOX 4131			SEBRING FL 33871				
HICKS, JOAN G			PO BQX 4131			SEBRING FL 33871				
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		_								
8. Name and Address of Current Registered Age				nt ·			9. Name and Address of New Registered Agent			
SETT GARY	R JR				Name					
B. Name and Address of Current Reconstructions 8. Name and Address of Current Reconstructions 8. Name and Address of Current Reconstructions 8. Separate					Street Address (P.O. Box Number is Not Acceptable)					
					Apt. #, Etc.					
			,		Ćity			State	Zip Code	
appointed the	registered agent of the at	ove named corpo	oration, am fa	ımiliar wit	h and accept the of	oligations of Section	on 607.0505, F.S. or 6	17.0505	i, F.S.	
of Agent	Jary R. P.	Janob REGISTERED AG	ENT MUST	(1) (1) SIGN	IRED		Date	<u>'C</u>	4.02	
	#, etc. and Street Add HICKS, LC HICKS, JC SETT, GARY US HWY 27 ING FL 3387	Country and Street Addresses of Each Officer and Name of Officers and/or Directors HICKS, LOUIS E HICKS, JOAN G 8. Name and Address of Current SETT, GARY R JR US HWY 27 SOUTH ING FL 33870	#, etc. Suite, Apt. #, City & State Country Zip and Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors HICKS, LOUIS E HICKS, JOAN G 8. Name and Address of Current Registered Age SETT, GARY R JR US HWY 27 SOUTH ING FL 33870 appointed the registered agent of the above named corporation.	Incipal Office Address, If Applicable #, etc. Suite, Apt. #, etc. City & State Country Zip and Street Addresses of Each Officer and/or Director (Florida nonprofice and/or Directors) 1 Name of Officers 2 and/or Directors 2 PO BOX HICKS, LOUIS E PO BOX HICKS, JOAN G PO BQX 8. Name and Address of Current Registered Agent SETT, GARY R JR US HWY 27 SOUTH ING FL 33870 Pappointed the registered agent of the above named corporation, am factors Agent Agent Agent	incipal Office Address, If Applicable #, etc. Suite, Apt. #, etc. City & State Country Zip Country And Street Addresses of Each Officer and/or Director (Florida nonprofit corporate and/or Directors) Name of Officers and/or Directors 3 HICKS, LOUIS E PO BOX 4131 HICKS, JOAN G PO BQX 4131 8. Name and Address of Current Registered Agent SETT, GARY R JR US HWY 27 SOUTH ING FL 33870 pappointed the registered agent of the above named corporation, am familiar with the second corporation and familiar with the second corporation	Suite, Apt. #, etc. City & State Country and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lease and/or Directors and/or Directors Name of Officers and/or Directors PO BOX 4131 HICKS, LOUIS E PO BQX 4131 PO BQX 4131 RETT, GARY R JR US HWY 27 SOUTH ING FL 33870 Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Comparison of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Comparison of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Each Officer and/or Director (Florida nonprofit corporations of Each Of	incipal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorp To Do Busin 4. etc. 5. FEI Number 5. FEI Number 6. CERTIFICATE and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers 2. Name of Officers 3. Street Address of Each Officer and/or Director HICKS, LOUIS E PO BOX 4131 HICKS, JOAN G PO BQX 4131 8. Name and Address of Current Registered Agent Name SETT, GARY R JR US HWY 27 SOUTH ING FL 33870 Suite, Apt. #, Etc. City Agent Agent	incipal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To De Business in Florida 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors 3. Officer and/or Director 4. DIRECTOR OF STATUS DESIRED APPLIED AND APPLIED APPLIED AND APPLIED APPLIED AND APPLIED APPLIED AND APPLIED APPLIED AND	incipal Office Address, If Applicable #, etc. Suite, Apt. #, etc.	Incipal Office Address. If Applicable 3. New Mailing Office Address, if Applicable 4. Data Incorporated or Qualified To Do Business in Florida 06/20/2001 #, etc.

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.