PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APF REINS | PLICATION FOR TAIL | P | DEPARTMEN Jim Smith Secretary of S | tate | | FILE | ĒD | | |
|---|--|------------------------------------|--|---|--|------------------------|---|----------------------|--|
| DOCUMENT # P0100065403 | | | | | 02 DEC 10 PM 3: 33 | | | | |
| Corporation Name JADE COMPUTER SALES INC. | | | | | SECRETARY OF STATE IALLAHASSEE, FLORIDA | | | | |
| JADE COMPUTER SALES INC. | | | | | | " LEGGINGSEE, FLORIDA | | | |
| Principal Place of Business Mailing Address | | | | | | | 1 88 11 8 8 11 8 1 81111 818 11 | 81 (10 100) | |
| | DISE BAY DRIVE ZE FL 32563 | SE-BAY DRIVE E FL 32563 | | | | | | | |
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| | ddresses are incorrect in any way, line thro cipal Office Address, If Applicable | ng Office Address, If Applicable | | Date incorp To Do Busir | orated or Qualified ness in Florida | 06/28/200 | 11 | | |
| Suite, Apt. | , etc. | Suite, Apt. #, etc. Guice Breeze + | | FL | 00/20/2001 | | Applied For | | |
| City & State | | | | | 5937 | 126784 | | Not Applicable | |
| | | | | USA | CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | | | | |
| 7. Names a | and Street Addresses of Each Officer and/o | or Director (Flor | Str | ations must list at lea eet Address of Each licer and/or Director | <u> </u> | | City / State / Zip | | |
| 1 | | | 3 3881 PARADISE E | | GULF BREEZE FL 32563 | | | | |
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| | | | | | 20) 12/10/ | 000944; 02010360 | 2882 05 **158. | 75 | |
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| | · · · · · · · · · · · · · · · · · · · | | | ŧ | | | | | |
| 8. Name and Address of Current Registered Agent Name Name | | | | | 9. Name and Address of New Registered Agent | | | | |
| | | | | | SON, JOHN D PO. Box Number is Not Acceptable) PARAOUT BAY D S S S S S S S S S S S S S | | | | |
| SUITE #8 Suite, Apt. #, Etc. GULF BREEZE FL 32561 | | | | | | | | 5 | |
| Guse B | | | | | reeze | | State Zip Cod | 543 | |
| 10. I, being | appointed the registered agent of the above | re named corpo | ration, am familiar wi | | | on 607.0505, F.S. or 6 | 17.0505, F.S. | | |
| O | 0162126 | la narlas | | YRED | | n/. | 1. | | |
| Signature of Registered A | Agent | GISTERED AG | ENT MUST SIGN | HACU | | Date 12/03 | 1/2002 | | |
| this reins owed by | that I am an officer or director or the receivitatement application, the reason for dissolute corporation have been paid and the nipplication is true and accurate, and my sig | ution has been ames of individu | eliminated, the corpo uals listed on this for | rate name satisfies m do not qualify for a | the requirements an exemption und | of section 607.0401 or | r 617.0401, F.S., t | hat all fees | |
| SIGNAT | | UE P | ECULAS IGNING OFFICER OR I | ELLISSON - | hisiont | 12/03/200 Date | Z (409) | <u>502</u> -0997 | |

December 3, 2002

Certified Mail #Z 151378417

Florida Department of State Jim Smith Secretary of State Division of Corporations Reinstatement Section P.O.Box 6327 Taallahassee, FL 32314-6327

Dear Secretary Smith,

This letter is to request reinstatement of Jade Computer Sales Incorporated. We did not receive the notices from the State of Florida since we moved and thus the address for the registered agent changed during February 2002 from 1198 Gulf Breeze Parkway, Suite #8, Gulf Breeze, FL. 32561.

Our new address for mailing purposes is now P.O.Box 6211, Gulf Breeze, Fl. 32563.

I have enclosed the required \$150.00 reinstatement fee plus \$8.75 for a new Certificate of Status once reinstated.

Thanking you for your assistance,
John Ericsson

President and Registered Agent

Sade Computer Sales Inc.

3881 Paradise Bay Dr.

Gulf Breeze, FL 32563

409 502-0997