

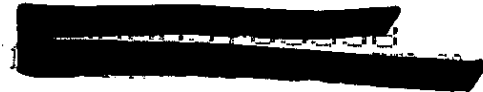
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 31 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700009769627  
12/31/02--01062--006 \*\*150.00



<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P01000121575			
1. Corporation Name <b>JSG BREVARD INC.</b>			
2. Principal Office Address <b>945 STARLING WAY</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>945 STARLING WAY</b> Suite, Apt. #, etc.	
City & State <b>VIERA, FL</b>		City & State <b>VIERA, FL</b>	
Zip <b>32955</b>	Country <b>USA</b>	Zip <b>32955</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>12-26-01</b>	
5. FEI Number <b>22-3851038</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <b>STEVEN G. GALEY</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>945 STARLING WAY</b>		
Suite, Apt. #, Etc.		
City <b>VIERA</b>	State <b>FL</b>	Zip Code <b>32955</b>

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

REGISTERED AGENT MUST SIGN

Date **12-24-02**

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
P/D	STEVEN G. GALEY	945 STARLING WAY	VIERA, FL 32955
V/D	JUDITH A. GALEY	945 STARLING WAY	VIERA, FL 32955

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)(l), 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:

STEVEN G. GALEY

12-24-02 321-634-5377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

gt 1/3

CR2ED01 (8/01)

## JSG BREVARD INC.

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December 24, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: JSG BREVARD INC

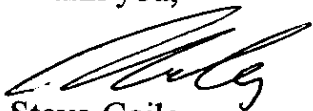
Document #: P01000121575

Reinstatement

Enclosed is the completed Corporation Reinstatement and check #0367 for \$150.00.

Per our conversation today, 12/24/02, the reinstatement fee was waived as we did not receive our Annual Report for filing being it was returned to the Department with an undeliverable address.

Thank you,



Steve Gailey  
President, JSG Brevard Inc.