

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

400025939174
01/02/04--01051--024 **\$900.00

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000058310			
1. Corporation Name Jessop Homes, Inc			
2. Principal Office Address 1596 N. Lake Shipp Dw SW		3. Mailing Office Address 1596 N. Lake Shipp Dr SW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Haven, Florida		City & State Winter Haven, Fl	
Zip 33880	Country Polk	Zip 33880	Country

4. Date Incorporated or Qualified To Do Business in Florida May 28, 2002	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 Eric Jessop			
Street Address (P.O. Box Number is Not Acceptable) 1596 N. Lake Shipp Dr SW			
Suite, Apt. #, Etc.			
City Winter Haven		State FL	Zip Code 33880

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 <i>Eric Jessop</i>	Date 12/31/03
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
V	Joseph L. Floyd	913 School House Road	Lakeland / Florida / 33813

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: <i>Eric Jessop</i>	Eric Jessop	12/31/03	863-287-5679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (10/02)