2003 FOR PROFIT CORPORATION

| UN | ILOKM BO211 | NE22 KELOI | (i (ARK) | | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------|----|
| 1. Entity Nam | MENT # P02 | 000071396 JES ∞. | | 03 NOV 19 PM 2: 24 | |
| Principal Place of Business 880 S TAMIAMI TRAIL OSPREY FL 34229 | | Mailing Address PO BOX 2181 VENICE FL 34284 | 200 W | SECRETARY OF STATE FALLAHASSEE. FLORIDA | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt, #, etc. | | Suite, Apt. #, etc. | | REINSTATEMENT ANCES | |
| City & State | | City & State | | 4. FEI Number Applied For Not Applied ber | 7 |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| | 6. Name and Address of Cur | rent Registered Agent | N | 7. Name and Address of New Registered Agent | 1 |
| CDIECEI | Q LITOCOA D'A | | Name | | |
| SPIEGEL & UTRERA, P.A. 1840 SW 22 ST, 4 FLR | | | ====================================== | ddress (P.O. Box Number is Not Acceptable) | 7. |
| MIAMI FL 33145 | | | ļ | | ┨ |
| וווואטוווו ב | , | | | | 4 |
| | | | City | FL Zip Code | |
| | | ent for the purpose of changing | its registered office or | registered agent, or both, in the State of Florida. I am familiar with, and accept | 1 |
| the obligat | tions of registered agent. | | | | |
| SIGNATURE | Signature, typed or printed name of registered | const and title if applicable. (All | OTE: Registered Agent signatu | re required when reinstating) DATE | 1 |
| | | | OTE. Registered Agent signatu | re required when reunsaling) | + |
| After Se | ILE NOW!!) FEE IS \$550.00 ptember 10, 2003 Fee will be ! k Payable to Florida Departme | \$750.00 | | 9. Election Campaign Financing \$5:00 May Be Trust Fund Contribution. Added to Fees | |
| 10. | | AND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | ┨ |
| TITLE | DPST | Delete | TITLE | ☐ change ☐ Addition | 7 |
| NAME | CURRY, RICK C | | , NAME | 1 7.61 | |
| STREET ADDRESS | 880 S TAMIAMI TRAIL OSPREY FL 34229 | Ģ. | STREET ADDRESS | PO Box 2181 | |
| CITY-ST-ZIP | USPRET PL 34229 | | CITY-ST-ZIP | Vania, +10. 34189 | 43 |
| TITLE . NAME | | Delete | TITLE NAME | Change Addition | ' |
| STREET ADDRESS | | • | STREET ADDRESS | 200024051482 10/23/0301062028 **150.00 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | 10/23/0301062028 **150.00 | |
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| NAME | | | NAME | | 1 |
| STREET ADDRESS | | | STREET ADDRESS | | , |

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

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