1 of 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 25 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000078941

1. Corporation Name
J & S of Pinellas Inc.

REINSTATEMENT 03.04
02-27-03 90108 045 750.00

2. Principal Office Address	3. Mailing Office Address
5353 49th St. No.	5353 49th St. No.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg FL.	City & State: St. Petersburg FL.
Zip: 33709 Country: Pinellas	Zip: 33709 Country: Pinellas

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3526975 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Steve Montgomery

700036457707
05/14/04--01027--022 **175.00

Street Address (P.O. Box Number is Not Acceptable): 6727 Burlington Ave No.

Suite, Apt. #, Etc.: St. Pete

City: St. Petersburg State: FL Zip Code: 33710

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 _____ Date 4-19-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pres.	Steve Montgomery	6727 Burlington Ave N.	St. Pete FL. 33710
VP	Same	—	—
S.	Same	—	—
T.	Same	—	—

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: _____ 4-19-04 727-525-4553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To Whom it May Concern

In February 03 I mailed in my anual report and a check for 150.00 which was deposited on Feb 27th and paid on 3-4-03 about a month later I recieved a letter stating that I had signed incorectly, I filled out the paper sent it back and never heard anything about it until I tried to reinstate my Auto repair license and they told me my Corp. was inactive so I called your office and I talked to a very helpful lady named Ruby

Ruby sent me a Corporation reinstatement paper I have filled it out with a CK for 2004 Corporation and report I hope this is all for now if you need to talk to me my ~~Phone #~~ is 727-525-4553 or ~~Cell~~ 727-527-4951

Thank you

~~Steve Montgomery~~

Steve Montgomery
J&S of Pinellas Inc.