

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -9 AM 11:48

DOCUMENT # P02000111701

1. Corporation Name
S J S, INC.200023977582
10/21/03--01087--038 **158.75

2. Principal Office Address

886 COASTAL HIGHWAY

Suite, Apt. #, etc.

3. Mailing Office Address

P O BOX 908

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10-16-2002

5. FEI Number

90-0062962

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$6.75 Additional Fee required
for a Certificate of StatusCity & State
PANACEA FLCity & State
PANACEA FLZip
32346Country
USAZip
32346Country
USA

7. Name and Address of Current Registered Agent

Name

BARBARA S WITHERS

Street Address (P.O. Box Number is Not Acceptable)

3838 KILLEARN COURT

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FLZip Code
32309

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 10-08-03

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
P	BEN WITHERS	25 GREENLEAF LANE	CRAWFORDVILLE FL 32327
T	PARRISH BARWICK	830 WAKULLA SPRINGS RD	CRAWFORDVILLE FL 32327

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)(f), 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:

BEN WITHERS, PRESIDENT 10-8-03 850-984-0149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #