

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000042512

1. Entity Name
JAPA, INC.



FILED
05 FEB 17 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**7335 CANDLELIGHT CT
NEW PORT RICHEY, FL 34652**

Mailing Address
**7335 CANDLELIGHT CT
NEW PORT RICHEY, FL 34652**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



REINSTATEMENT 04-05
4. FEI Number
56-2336652
Applied For
Not Applicable

5. Name and Address of Current Registered Agent
**GULF COAST BUSINESS SERVICES
4128 ROWAN RD
NEW PORT RICHEY, FL 34653**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTIN, CHARLES S 7335 CANDLELIGHT CT NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800043699658 12/29/04--01037--005 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800043699658 02/28/05--01081--008 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **CHARLES S. PARTIN** Nov 26, 2004 727-842-9581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

February 5, 2005

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

SUBJECT: JAPA, INC.
Ref. Number: P03000042512
FOR PROFIT CORPORATION REINSTATEMENT

WAIVER REQUEST

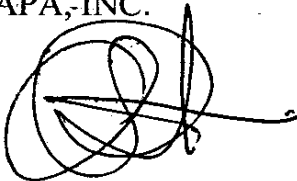
We are requesting a waiver of the reinstatement fee due to the fact that notice of the original report was never received.

Had we received the renewal notice, the report would have been filed in a timely manner.

Thank you for honoring this waiver request.

Enclosed is an additional check for \$150.00 to cover the fee for the year 2005.

Sincerely,
-JAPA, INC.



Charles S. Partin
President

IN THE future please
send correspondence
to my registered agent