

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -3 PH 2:41

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 03000043957

1. Corporation Name

JESI TOOLS, INC.

~~408-22787~~

2. Principal Office Address - No P.O. Box #

3220 CORD AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

3220 CORD AVENUE

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL

City & State

ST. CLOUD, FL

Zip

34772

Country

Zip

34772

Country

7. Name and Address of Current Registered Agent

Name

ALEXANDER J. CZIPULIS, II

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

3220 CORD AVENUE

Suite, Apt. #, Etc.

City

ST. CLOUD, FL

State

FL

Zip Code

34772

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

REGISTERED AGENT MUST SIGN

Date

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
F	GZIPULIZ, ALEXANDER J., II	3220 CORD AVENUE	ST CLOUD, FL 34772
			05/01/08--01051--008 **450.00
			000128105370 06/10/08--01008--012 **150.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT
CR2E081 (12/07)

05-08

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