

## 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000121873</b> 1. Entity Name <b>JIM IVY, INC.</b>					
Principal Place of Business <b>6661 N.W. 2ND AVE. STE PH-C BOCA RATON, FL 33487</b>			Mailing Address <b>6661 N.W. 2ND AVE. STE PH-C BOCA RATON, FL 33487</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>30-0211674</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>IVY, JAMES O 6661 N.W. 2ND AVE. STE PH-C BOCA RATON, FL 33487</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IVY, JAMES O <input type="checkbox"/> Delete 6661 NW 2ND AVE., PH-C BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000060686960</b> <b>10/17/05--01067--007 **150.00</b>	
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	
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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.					
<b>SIGNATURE: <i>James O. Ivy</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10122005 REIN-P CR2E098 (6/04)

DELISI ACCOUNTING & TAX SERVICES, INC.  
Martin V. DeLisi, EA  
Accountant and Tax Consultant  
4361 Northlake Boulevard  
Palm Beach Gardens, Florida 33410

(561-622-31622 Fax (561-626-9857)

OCTOBER 13, 2005

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION

RE: JIM IVY, INC.

TO WHOM IT MAY CONCERN;

PLEASE BE ADVISED THAT THE ABOVE CAPTION TAXPAYER HAS NOT FILED  
THE ANNUAL REPORT AS IT IS HIS FIRST YEAR AND WAS NOT NOTIFIED  
ABOUT SUCH FILINGS.

I HAVE ENCLOSED THE ANNUAL REPORT AND A CHECK IN THE AMOUNT OF  
\$150.00 AS THIS WAS NOT HIS FAULT.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.

VERY TRULY YOURS,

A handwritten signature in black ink, appearing to be 'M. DeLisi', with a long horizontal flourish extending to the right.

MARTIN V. DELISI, EA