


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000000270		
1. Entity Name JES CORPORATION		

FILED  
07 OCT 12 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1303 DEXTER DR. WEST PORT ORANGE, FL 32129	Mailing Address 1303 DEXTER DR WEST PORT ORANGE, FL 32129
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**REINSTATEMENT**

2. Principal Place of Business - No P.O. Box # 1376 Hyde Park DR Suite, Apt. #, etc.	3. Mailing Address 1376 Hyde Park DR Suite, Apt. #, etc.
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CR2E098 (1/07) 07

City & State Port Orange, FL	City & State Port Orange, FL
Zip 32128	Zip 32128
Country Volusia	Country Volusia

4. FEI Number 20-0566360	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SMITH, JONATHAN E 1303 DEXTER DR WEST PORT ORANGE, FL 32129	
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7. Name and Address of New Registered Agent Name Smith, Jonathan E. Street Address (P.O. Box Number is Not Acceptable) 1376 Hyde Park DR. City Port Orange FL Zip Code 32128	
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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:  DATE: Oct 7, 2007  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JONATHAN E OWNER 1303 DEXTER DR. WEST PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200110748022 10/12/07--01068--023 **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	200110748022 10/12/07--01068--024 **8.75 <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 exemptions contained in Chapter 119, 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:  Jonathan E. Smith 10-7-07 (386) 304-2111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #