PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	2006 SEP 19 PM 8: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # PO400001451		WASSEL FLORIDA
Jess Clarke and Sons		
2. Principal Office Address 580 (A) na St. E	3. Mailing Office Address 5805 42nd St. E	CR2E081 (12/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 1230 03
City & State BY Adjuton, FL	Gity & State Bradenton, FL -	5. FEI Number Applied For Not Applicable
3A2O3 Country	34203 Country 34203	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Jess Clarke III		
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
City Apollo Beach, FL State Zip Gode FL 33572		
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 / 7in
D,V Jess Clarke, III 429 Mera Bay Blud apollo Beach, FL 3357.		
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		provided for in chapter 607 or 617, F.S. I further certify that when filling
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: JESS CLARKE JE 9/18/06 (912) 986-5355 Date Date Daytime Phone #		