


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 APR -6 AM 8:47

CLANASSEE, FLORIDA

REINSTATEMENT 05-07

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P04000031351

1. Corporation Name
JARVIS HOLDING, INC

2. Principal Office Address 685 LASALLE DRIVE Suite, Apt. #, etc. City & State ALT. SPRINGS Zip 32714 Country USA		3. Mailing Office Address 685 LASALLE DRIVE Suite, Apt. #, etc. City & State ALT. SPRINGS Zip 32714 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 02/17/2004	
5. FEI Number 20-0683933	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name DANIEL ALVAREZ - ACCOUNTANT		
Street Address (P.O. Box Number is Not Acceptable) 2471 E SEMORAN BLVD		400097358184 04/18/07--01038--015 **450.00
Suite, Apt. #, Etc.		
City APOPKA	State FL	Zip Code 32703

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0103, F.S.

Signature of Registered Agent _____ Date 3/28/07

REGISTERED AGENT MUST SIGN

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
P,T,S	Sandra Jarvis	685 Lasalle Drive	Alt. Springs, FL 32714

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 under section 119.07(3)(i), 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: Sandra Jarvis **Sandra Jarvis** **407-682-2594**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)

204/11

Page 2 of 2

PROFESSIONAL ACCOUNTANTS & CONSULTANTS, INC.

2471 E. Semoran Blvd
Apopka, Florida 32703

Phone (407) 677-1194

Fax (407) 774-5838

March 26, 2007

To: Florida Department of State
Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Re: Jarvis Holding, Inc
685 Lasalle Drive
Alt. Springs, FL 32714
Annual Report for: 2005-2007
Federal EIN # 20-0683933

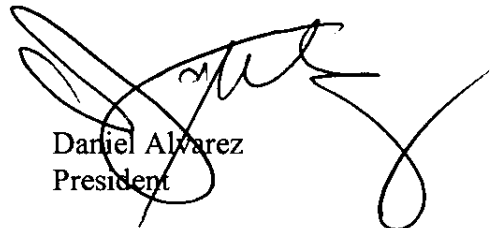
To Whom It May Concern:

Please be advised that my client, Jarvis Holding, Inc when started the corporation was unaware of the Annual Report. She did not have any knowledge of what the annual report was and she never received a original/second notice annual report informing him that he needed to file the annual report once a year. We request that you please reinstate Jarvis Holding, Inc, approve the renewal for 2005, 2006 and 2007 and waive any penalties.

If you have questions please do not hesitate to contact me at the number above.

Attach: Copy from Florida Department Reinstatement Form, also the check for \$450.00

Sincerely,



Daniel Alvarez
President