

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000035715

1. Corporation Name

J A Management Consultant Corp.

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

6611 Kingman Trail

Suite, Apt. #, etc.

3. Mailing Office Address

6611 Kingman Trail

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32309

Country

LEON

City & State

Tallahassee, FL

Zip

32309

Country

USA

7. Name and Address of Current Registered Agent

Name

Jacqueline D. Austin

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

Suite, Apt. #, Etc.

6611 Kingman Trail

City

Tallahassee

State

FL

Zip Code

32309

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

Jacqueline D. Austin
REGISTERED AGENT MUST SIGN

Date 12/07/07

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
<u>President</u>	<u>Jacqueline D. Austin</u> <u>6611 Kingman Trail</u> <u>Tallahassee, FL 32309</u>		
<u>Secretary</u>	<u>Jacqueline Austin</u>	<u>6611 Kingman Trail</u> <u>Tallahassee, FL</u>	
<u>Treasurer</u>	<u>Jacqueline Austin</u>	<u>6611 Kingman Trail</u>	<u>Tallahassee, FL</u> <u>32309</u>

201112210072
12/18/07--01015--012 **500.00

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

Jacqueline D. Austin
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/07/07

Date

850-284-2300
Daytime Phone #

FILED

07 DEC -7 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/07/07

REINSTATEMENT 06-07

CR2E081 (1/07)