Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV -3 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000085201

REINSTATEMENT 05-06

1. Corporation Name

YES E & EJ JONES INC.

W06000046761

2. Principal Office Address	3. Mailing Office Address
239 BENTBOUGH DR.	239 BENTBOUGH DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEESBURG	City & State: LEESBURG
Zip: 34748 Country:	Zip: 34748 Country:

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 06/01/2004

5. FEI Number: — Applied For — X No: Applicable

6. CERTIFICATE OF STATUS DESIRED: ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JONES, ELLIOTT SR.

Street Address (P.O. Box Number is Not Acceptable): 239 BENTBOUGH DR.

Suite, Apt. #, Etc.:

City: LEESBURG State: FL Zip Code: 34748

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: X Elliott Jones Date: 10/09/2006

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
PD	JONES, ELLIOTT SR.	239 BENTBOUGH DR	LEESBURG, FL 34748
TD	JONES, YASHICA	239 BENTBOUGH DR	LEESBURG, FL 34748

600008102703G
10/19/06--01039--006 **300.00

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: X Yashica Jones Elliott Jones 10/09/2006 352-323-8110

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

JC 11/06

Date: Monday, October 30,2006

To: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: **Yes E & EJ JONES INC**
YASHICA JONES

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL FOR 2005.

PLEASE FILE OUR ANNUAL REPORT AND DO **NOT** CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 352-323-8110.

THANKS,

X Yashica Jones
YASHICA JONES, DIRECTOR
YES E & EJ JONES INC.