


FILING CANCELLED RETURNED CHECK

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED 2013 MAR 27 PM 1:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # P04000102135 | | | | | |
| 1. Corporation Name <h2 style="text-align: center;">Jobu Corporation</h2> | | | | | |
| 2. Principal Office Address - No P.O. Box # 209 5th St. N <small>Suite, Apt. #, etc.</small> | | | 3. Mailing Office Address 209 5th St. N <small>Suite, Apt. #, etc.</small> | | |
| City & State St. Petersburg, FL | | | City & State St. Petersburg, FL | | |
| Zip 33701 | Country Pinellas | Zip 33701 | Country Pinellas | 4. Date Incorporated or Qualified To Do Business in Florida 07/08/2004 | |
| 5. FEI Number 201346708 | | | | Applied For <input type="checkbox"/> Not 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 Kenneth Keefe, The Keefe Law Group, PA Street Address (P.O. Box Number is Not Acceptable) 209 5th St. N. <small>Suite, Apt. #, Etc.</small> | | | | | |
| City St. Petersburg | | State FL | Zip Code 33701 | | |
| 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 _____ Date 3/20/2013 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div> | | | | | |
| 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 | |
| CFO | Joseph Gallas | 209 5th St. N | | St. Petersburg, FL 33701 | |
| CLO | Kenneth Keefe | 209 5th St. N | | St. Petersburg, FL 33701 | |
| <h2 style="margin: 0;">FILING CANCELLED RETURNED CHECK</h2> | | | | | |
| 10. E-mail Address: jgallas@gmail.com <small>(To be used for future annual report notification)</small> | | | | | |
| 11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: _____ Date 3/20/2013 Daytime Phone # 727-213-2000 <div style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div> | | | | | |