PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				9	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED				
DOCUMENT # P04000117042									08 SEP 18 PM 1: 17				
C.A. Jones, Inc.] _	SECRETARIA F STATE TALLAHASSEE, FLORIDA				
C. 7 1. 30,13 = 7 =									900136101199 09/18/0801041013 **900.00				
2. Principal Office Address - No P.O. Box # 3.					3. Mailing Office Address 20518 NW CR2054								
Suite, Apt. #, etc.					Suite, Apt. #, etc.				CR2E081 (12/07)				
City & State			City & State					Date Incorporated or Qualified To Do Business in Florida					
Alachua, FL Zip Country				· · · · · · · · · · · · · · · · · · ·	Alachua, FL.				Applied For Not Applied For Not Applicable				
320	32615 USA				32415 USA			G. CERTIFI	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registe Name									The reinstatement fee is imposed, except in				
Street Address (P.O. Box Number is Not Acceptable)								circ	circumstances which the entity did not receive the prior notices. By checking this box, you				
20518 NW CR2 Suite, Apt. #, Etc.						a re			e certifying the prior notices were not eived and requesting the reinstatement be waived.				
City Alachua						State Zip Code FL 32615			DC Waive				
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 9-17-08 REGISTERED AGENT MUST SIGN												<u> </u>	
9. Names	and Street A	ddresses	of Each Officer a	nd/or Director (Flo	orida nonpro	ofit corpo	orations must list at I	east 3 director	rs)				
Titles	A 0		Name of rs and/or Directo		Street Address of Each Officer and/or Director					City / State / Zip			
DPT	Chf	ford	A. Jor	jes	25 20518NWCR205			54	Alachua, F			2615	
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	I/I	7111	OIAI		1 1					 			
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400 1 - 477	4												
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 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 acquirate, and my signature shall have the same legal effect as if made under oath.													
SIGNATURE: SIGNATURE AND TYPEDOM PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desystem Phone #													
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