

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 MAY 19 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P05000013130**

1. Corporation Name

Jam'en Inc.

800129774378  
05/19/08--01006--004 \*\*450.00

CR2E081 (12/07)

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

15322 Citrus Country Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

15322 Citrus Country Dr.

Suite, Apt. #, etc.

City & State

Dade City FL

City & State

Dade City FL

Zip

33523

Country

USA

Zip

33523

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/05

5. FEI Number

59-3797168

Applied For

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

Todd Heasley

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

37922 Hillside Lane

Suite, Apt. #, Etc.

City

Dade City

State

FL

Zip Code

33525

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 5/13/08

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	Connie S Toner	319 Blackoak Dr.	Seffner Fl. 33584
VP	Todd Heasley	37922 Hillside Lane	Dade City Fl. 33525

**REINSTATEMENT**

06-08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/08

Date

(941) 266-9372

Daytime Phone #