


2007 FOR PROFIT CORPORATION REINSTATEMENT

112

DOCUMENT # P05000024084		
1. Entity Name JVL, INC.		

FILED

2007 AUG 22 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8971 TAMiami TRAIL NAPLES, FL 34108	Mailing Address 8971 TAMiami TRAIL NAPLES, FL 34108
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08152007 REIN-P CR2E098 (1/07)

City & State	City & State
Zip	Country

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent TIMOTHY J. COTTER, PA 599 9TH STREET NORTH 313 NAPLES, FL 34102	
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7. Name and Address of New Registered Agent Name <u>JOSEPH V. LAURINO</u> Street Address (P.O. Box Number is Not Acceptable) <u>8971 TAMiami TRAIL</u> City <u>NAPLES</u> FL <u>34108</u>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Joseph V. Laurino</u> DATE <u>8/21/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D LARINO, JOSEPH 8971 TAMiami TRAIL NORTH NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D BOLOGNINI, KAREN 891 TAMiami TRAIL NORTH NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>400108536184</u> <u>08/23/07--01037--010</u> <u>**308.75</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u>Joseph V. Laurino</u> DATE <u>8/21/07</u> <u>239</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Daytime Phone #</small> <u>598-2222</u>	
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8/23

8/21/07

2/2

ANDY Dunlap, ^{Owner &}
Specialist
Supervisor

As requested by you after our
Phone conversation on Tues. 8/21/07,
I am resubmitting my application (enclosed),
along with a check for \$308.75

I did not receive the notice for your
2006. Report.

Thank you for clarifying the matter
and being so helpful

Joseph V. Lauer
JVL, Inc