

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUN 19 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000088992

1. Corporation Name

ST. JAGO INC.

REINSTATEMENT *06-08*

200131506912
06/19/08--01039--018 **750.00

CR2E081 (12/07)

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

7785 DAVIS BOULIVARD

Suite, Apt. #, etc.

104

City & State

NAPLES, FLORIDA

Zip

34104

Country

USA

3. Mailing Office Address

8600 BAROT DRIVE

Suite, Apt. #, etc.

#104

City & State

NAPLES, FLORIDA

Zip

34104

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 21, 2005

5. FEI Number

59-3811052

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

HERVIN B. OLIVER

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

8600 BAROT DRIVE

Suite, Apt. #, Etc.

#104

City

NAPLES

State

FL

Zip Code

34104

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

6/17/2008

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 | HERVIN B. OLIVER | 8600 BAROT DRIVE #104 | NAPLES, FLORIDA 34104 |
| M/S | CLAUDIA A. OLIVER | 8600 BAROT DRIVE #104 | NAPLES, FLORIDA 34104 |
| T | FITZGERALD OLIVER | 4075 PINE RIDGE RD. #14 | NAPLES, FLORIDA 34119 |
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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:

CLAUDIA A OLIVER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/17/2008

Daytime Phone #

na/1/20