


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

|                                                     |  |                                                                                   |
|-----------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P05000113559                             |  |  |
| 1. Entity Name<br>J & J COMMUNITY IMPROVEMENT, INC. |  |                                                                                   |

|                                                                         |                                                             |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business<br>717 CARVER ST A<br>TALLAHASSEE, FL 32310 | Mailing Address<br>717 CARVER ST A<br>TALLAHASSEE, FL 32310 |
|-------------------------------------------------------------------------|-------------------------------------------------------------|

|                                                      |                                     |
|------------------------------------------------------|-------------------------------------|
| 2. Principal Place of Business<br>2002 E. Park Ave D | 3. Mailing Address<br>P.O. Box 3922 |
| Suite, Apt. #, etc.<br>D                             | Suite, Apt. #, etc.                 |
| City & State<br>Tallahassee, FL                      | City & State<br>Tallahassee, FL     |
| Zip<br>32301                                         | Country<br>Leon                     |

**FILED**  
06 OCT 30 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

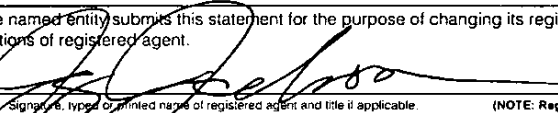


10302006 REIN-P CR2E098 (11/05)

|                                                                      |                                |
|----------------------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>87-0752746                                          | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

|                                                                                                             |                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br>JACKSON, JAY<br>717 CARVER ST A<br>TALLAHASSEE, FL 32310 | 7. Name and Address of New Registered Agent<br>Name Jay JACKSON<br>Street Address (P.O. Box Number is Not Acceptable)<br>2002 E. Park Ave D<br>City Tallahassee FL Zip Code 32301 |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

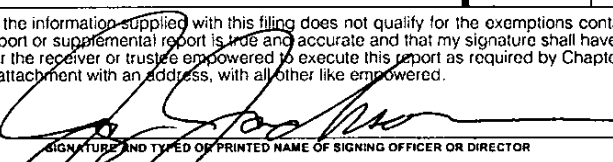
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 10/30/06

|                                                                           |                                                                                              |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| FILE NOW!! FEE IS \$150.00<br>After January 1, 2007, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                          |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CEO<br>JACKSON, JAY<br>717 CARVER ST A<br>TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | 2002 E. Park Ave D<br>Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | 900081614589<br>11/08/06--01008--023 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>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:  DATE: 10/30/06 DAYTIME PHONE #