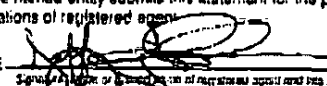
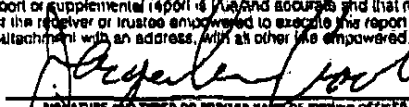


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000114157			
1. Entity Name JACGLEN CORPORATION			
Principal Place of Business 627 SEAVIEW COURT N-1 MARCO ISLAND, FL 34145 US		Mailing Address 627 SEAVIEW COURT N-1 MARCO ISLAND, FL 34145 US	
2. Principal Place of Business		3. Mailing Address 1083 N. COLLIER BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 313	
City & State		City & State MARCO ISLAND, FL	
Zip	Country	Zip	Country
34145		34145	COLLER
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE 9-27-06	
FEE NOW!!! FEE IS \$150.00 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 NAME STREET ADDRESS CITY - ST - ZIP	D CROOKER, JACQUELINE 7 HILLSIDE DRIVE NEW CITY, NY 10856 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700080387737 10/03/06--01022--018 **158.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 an other who empowered.			
SIGNATURE: 		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

FILED

06 OCT -3 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09262006 REIN-P 11/05 CR2E096 (11/05) 06

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

FL Zip Code

9-27-06

Daytime Phone: 4