2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 DEC -3 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000120796

1. Entity Name
JUPITER TOWN CAR, INC

Principal Place of Business	Mailing Address
~~725 N. HWY A1A SUITE C-205 JUPITER, FL 33477~~	~~725 N. HWY A1A SUITE C-205 JUPITER, FL 33477~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1872 Capeside Circle	1872 Capeside Circle
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Wellington Fl.	City & State: Wellington Fl.
Zip: 33414 Country: U.S.A.	Zip: 33414 Country: U.S.A.

11162007 REIN-P CR2E098 (1/07)

4. FEI Number: 20-3383611 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKELSTON, ROBERT 14160 ASTOR AVE WELLINGTON, FL 33414	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2008, 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 REILLY, DENNIS 1872 CAPESIDE CIRCLE C-205 WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Ellen Reilly 1872 Capeside Circle Wellington, Fl. 33414 ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SKELSTON, ROBERT 14160 ASTER AVE WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	600113267866 12/19/07--01011--017 **8.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	REINSTATEMENT 2007 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	600113267866 12/19/07--01011--018 **150.00 ☐ 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 all other like empowered.

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SIGNATURE: Ellen Reilly 11-28-07 791-2213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #