

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

07 NOV 21 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JH 11-27-07



REINSTATEMENT

DOCUMENT # P05000146245 1. Entity Name J5 ENTERPRISES-A1 CORPORATION	
--	--

Principal Place of Business 712 N. FISKE BLVD. COCOA, FL 32922	Mailing Address 712 N. FISKE BLVD. COCOA, FL 32922
--	--

2. Principal Place of Business - No P.O. Box # 1711 Dixon Blvd Suite, Apt. #, etc. # 240	3. Mailing Address 1711 Dixon Blvd Suite, Apt. #, etc. # 240	4. FEI Number 20-3827902
City & State Cocoa FL	City & State Cocoa FL	Applied For <input type="checkbox"/> Not Applicable
Zip 32922	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOORE, KENDALL T. 1290 FEDERAL HIGHWAY ROCKLEDGE, FL 32955	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	DP	TITLE	DP
NAME	JACKSON, RICHARD W. SR. <input type="checkbox"/> Delete	NAME	Jackson, Richard W. SR. <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	712 N. FISKE BLVD.	STREET ADDRESS	1711 Dixon Blvd #240
CITY-ST-ZIP	COCOA, FL 32922	CITY-ST-ZIP	Cocoa FL 32922
TITLE	DVST <input type="checkbox"/> Delete	TITLE	DVST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, GLENDA M.	NAME	Jackson, Glenda M.
STREET ADDRESS	712 N. FISKE BLVD.	STREET ADDRESS	1711 Dixon Blvd #240
CITY-ST-ZIP	COCOA, FL 32922	CITY-ST-ZIP	Cocoa FL 32922
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Glenda M. Jackson Glenda M. Jackson 11-19-07 321-636-5876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #