

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

07 NOV 21 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

84 1127-07



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
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2. Principal Place of Business - No P.O. Box # 1711 Dixon Blvd Suite, Apt. #, etc. #240 City & State Cocoa FL Zip 32922 Country USA	3. Mailing Address 1711 Dixon Blvd Suite, Apt. #, etc. #240 City & State Cocoa FL Zip 32922 Country USA
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6. Name and Address of Current Registered Agent MOORE, KENDALL T. 1290 FEDERAL HIGHWAY ROCKLEDGE, FL 32955	
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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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACKSON, RICHARD W. SR. 712 N. FISKE BLVD. COCOA, FL 32922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Jackson, Richard W. SR. 1711 Dixon Blvd #240 Cocoa FL 32922 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST JACKSON, GLENDA M. 712 N. FISKE BLVD. COCOA, FL 32922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST Jackson, Glenda M. 1711 Dixon Blvd #240 Cocoa FL 32922 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800112513385 11/21/07---01051--001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: 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 #