2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000120771

1. Entity Name
JAKE & COMPANY, INC.

FILED
08 MAY 29 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08

Principal Place of Business	Mailing Address
12866 BRYNWOOD PRESERVE NAPLES, FL 34105	12866 BRYNWOOD PRESERVE NAPLES, FL 34105

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14113 Lavante Court Suite, Apt. #, etc.	14113 Lavante Court Suite, Apt. #, etc.
City & State: Bonita Springs FL	City & State: Bonita Springs FL
Zip: 34135 Country: USA	Zip: 34135 Country: USA

4. FEI Number — [X] Applied For / [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DELANEY, TAMMY
12866 BRYNWOOD PRESERVE
NAPLES, FL 34105

7. Name and Address of New Registered Agent

Name: ROSA Scola
Street Address (P.O. Box Number is Not Acceptable)
771 S. Barfield Drive
City: Marco Island FL Zip Code: 34145

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: Rosa Scola Rosa Scola 4/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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 DELANEY, TAMMY 12866 BRYNWOOD PRESERVE NAPLES, FL 34105	[ ] Delete	D Delaney, Tammy 14113 Lavante Court Bonita Springs, FL 34135	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELANEY, ROBERT 12866 BRYNWOOD PRESERVE NAPLES, FL 34105	[ ] Delete	D Delaney, Robert 14113 Lavante Court Bonita Springs, FL 34135	[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete		[ ] 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.

SIGNATURE: Tammy S. Delaney Tammy S. Delaney 4/30/08.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #