

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP -9 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000095839

1. Corporation Name

JHS MARKETING INC.

2. Principal Office Address - No P.O. Box #

4720 SALISBURY RD

Suite, Apt. #, etc.

3. Mailing Office Address

4720 SALISBURY RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32256

Country

US

Zip

32256

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

8/27/07

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DION BAYNARD

Street Address (P.O. Box Number is Not Acceptable)

4720 SALISBURY RD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32256

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 09/09/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	DION BAYNARD	4720 SALISBURY RD	JACKSONVILLE, FL 32256
CFO	GAIL SCOTT	4720 SALISBURY RD	JACKSONVILLE, FL 32256

REINSTATEMENT
08-09

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09/09/09--01004--015 **300.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/09/09

Date

Daytime Phone #