## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000127574

Entity Name: SCOTT JONES ENTERPRISES INC

FILED Oct 05, 2008 Secretary of State

Entity Nan	ne: SCOTTJ	ONES ENTERPRISES INC			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
SUITE 107	MERPORT V ERE, FL 3478	ILLAGE PKWY 36			
	ailing Addres		New Mailing Address	New Mailing Address:	
PO BOX 692146 ORLANDO, FL 32818			13506 SUMMERPORT VILLAGE PKWY SUITE 107 WINDERMERE, FL 34786		
FEI Number:	26-1324123	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
407 WHITN DAYTONA	EANGELO C IEY STREET BEACH, FL 3		purpose of changing its registered	office or registered agent or both	
in the State		submits this statement for the	purpose of changing its registered	office of registered agent, or both,	
SIGNATUR	RE: DEANGE	LO SCOTT			
	Electror	ic Signature of Registered Ag	gent	Date	
		3(2)(b), F.S., the corporation did r g Trust Fund Contribution (  ).	not receive the prior notice.		
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SCOTT, DEANG 407 WHITNEY		Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	JONES, LATAN 950 HERRINGT	Delete YA V ON ROAD, SUITE C-266 .LE, GA 30044 US	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	SEC ( ) JONES, DEANG	Delete SEL L	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DEANGELO SCOTT P 10/05/2008

950 HERRINGTON ROAD, SUITE C-266

LAWRENCVILLE, GA 30044

Address:

City-St-Zip: