	RM. PQ 19/2							
APPLICATION FLORIDA DEPARTMENT OF STATE						APPROVED	.00	
FOR PENSALT			reta ON OR Or DE	IONS	1996 OCT 28 191 2 226 CV			
DOCUMENT # P27923			3			SECRETARY OF STATE TALLAHASSEE. FLORIDA		
1. Corporation Name JBL, INC.					TĂLL!	THASSEE. FLO	RIDA	
Principal Place of Business Mailing Address								
	ace of Business HORPE MALL	104 OGLETH	104 OGLETHORPE MALL					
SAVANNAH GA 31406 SA			SAYANNAH GA 31406			1000019953412		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					4 Data bases	-11/U4/9 ****200 orated or Qualified	601046004 .00 ****208.00	
2. New Prin	ncipal Office Address, if Applicable	3. New Maili	3. New Mailing Office Address, if Applicable			ess in Florida	01/30/1990	
Suite, Apt. 4		City & State	Sulte, Apt. #, etc.			5. FEI Number 58-1748409 Applied For Not Applicable		
City & State	Country	Zip				6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
Zip	and Street Addresses of Each Office		rida popprofit corporati	ons must list at le	<u> </u>		To a certificate of canal	
7. Names a	Name of Office and/or Director	rs	Stree	nt Aridrass of EBC	n		City / State / Zip	
PTD	LEWIS, WESLEY H., JR.		Officer and/or Director (Do NOT Use Post Office Box Numbers) 104 HERB RIVER ROAD		Numbers)	SAVANNAH GA		
			1639 BAY TREE LANE			MYRTLE BEACH	SC	
VD LEWIS, WESLEY H., SR.			1939 DAT THEE DAME					
SD LEWIS, RITA W.			104 HERB RIVER		SAVANINAH GA			
			200001/394 702 - S 11/02/367-01/02-004 ****200.00 ****200.00			367-01007004 200		
							25 by	
							101811	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
LEWIS, WESLEY H Street Address					BO Box Number in Not Acceptable			
1474 W GRANADA BLVD				50,76 4362 Highway 1192			<u> </u>	
SUITE 485 ORMOND BEACH FL 32174			Styping E CENTRY State Zip Code			State Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.								
Signature of Date Oct 1.5 -1996								
Registered Agent PREGISTERED AGENT MUST SIGN								
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on intangible tax.)								
* 12. 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 under section 119.07(3)(i), 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: Welley H. Lewis In Oct 23 1996 SIGNATURE: Date Daytime Phone #								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								

MEMO,	oct 15-19909292
TO DEPARTMENT OF STATE	LAURENS, INC.
FROM WES LEWIS	104 DGLETHORPE MALL SAVANNAH, GA 31406
SUBJECT 1996 CORPORATE REPORT	
WE Dip not RECEIVE	THE FORMS
to File the 1991 Cop	200 pate Annual
paport on, apparen	try it was
Jost in the Mail.	
L	les Lewis
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	SIGNED