

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

99 JUN 23 PH 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # TP92000013406  
1. Corporation Name JOST INVESTMENTS INC.

Principal Place of Business Mailing Address  
8801 PARK BLVD. (W).  
SEMINOLE FL. 33777

**REINSTATEMENT** 95-9973

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, if Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 12-23-92

5. FEI Number 59-3157843 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	MARIAFRANCES T. MARKOWITZ	8801 PARK BLVD. SEMINOLE FL. 33777	SEMINOLE FL. 33777
V/PRES.	LAWRENCE MARKOWITZ	8801 PARK BLVD. SEMINOLE FL. 33777	SEMINOLE FL. 33777
SEC.	MARIAFRANCES T. MARKOWITZ	8801 PARK BLVD.	SEMINOLE FL. 33777
TREAS.	LAWRENCE MARKOWITZ	8801 PARK BLVD.	SEMINOLE FL. 33777
			000002922930--9 -07/02/99--01103--011 ***1350.00 ***1350.00 <b>LS</b>

8. Name and Address of Current Registered Agent  
MARIAFRANCES T. MARKOWITZ  
8801 PARK BLVD.  
SEMINOLE FL. 33777

9. Name and Address of New Registered Agent  
Name AS # 8  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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 Registered Agent Mariafrances T. Markowitz REGISTERED AGENT MUST SIGN Date 6/19/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  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: Mariafrances T. Markowitz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/99 727 393-6454  
Date Daytime Phone #

CRE001 (12/98)