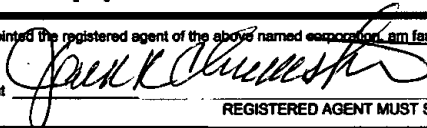
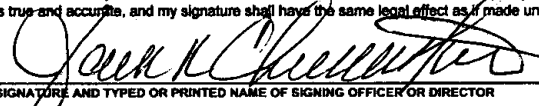


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000015560			
1. Corporation Name JACK CHRISTMAS & ASSOCIATES, INC.			
2. Principal Office Address 3451 Lust Road Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 841 Suite, Apt. #, etc.	
City & State Apopka, FL Zip 32703 Country USA		City & State Apopka, FL Zip 32704 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 4-12-93		5. FEI Number 59-3168864	
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name JACK R. CHRISTMAS		500004596975 -- 0	
Street Address (P.O. Box Number is Not Acceptable) 747 Crepe Myrtle Circle		-09/18/01-01045-009 ***1358.75 ***1358.75	
Suite, Apt. #, Etc.			
City Apopka		State FL Zip Code 32712	
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 		Date 9-5-01	
REGISTERED AGENT MUST SIGN			
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
Pres.	Jack R. Christmas	747 Crepe Myrtle Circle	Apopka, FL 32712
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 under section 119.07(3)(b), 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: 		Date 9-5-01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

01 SEP 10 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

9701

CR2501 (9/00)

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407-887-9627