

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 15 AM 11:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # P93600075727

1. Corporation Name
JSC Financial Inc
4908 West Nassau Street

2. Principal Office Address
4908 West Nassau Street
Suite, Apt. #, etc.

3. Mailing Office Address
(SAME)
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Hillsborough

Zip
33607

4. Date Incorporated or Qualified To Do Business in Florida 1/2/93

5. FEI Number 59-3221662

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

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S Pine Island Rd

Suite, Apt. #, Etc.

City: Plantation

State: FL Zip Code: 33324

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: *Lisa Schumeth* Date: 10/10/01

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
D	Casper Joseph S.	4908 West Nassau Street	Tampa, FL 33607

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)(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: *Joseph S. Casper* Date: 10/10/01 Daytime Phone #: 813-287-2231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/00)