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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED 03 SEP 30 PM 4: 23 SECRETARY OF STATE		
DOCUMENT # P94 000008	TA	LLAHASSEE, FLI	AGISIC			
Jasper Holdings Inc. C/O DARBY PEELE BOWDIN, P •285 N.E. Hernando Aver LAKE CITY, FLORIDA 32	nue_\-	BLAIR PAYNE,E	so	•		
2. Principal Office Address 285 N.E. Hernando Avenue	3. Mailing Office Address P.O. Drawer 1707		000023554360 16/03/0301081033 **150.00			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			A Data leasurecased as Qualified		
City & State	City & State			4. Date Incorporated or Qualified TEBRUARY 2, 1994		
Lake City, Florida LAKE CI		<u>,</u>	5. FEI Number 36–40992	80	Applied For Not Applicable	
32055 Country USA	Zip 32056–1707	Country USA	6. CERTIFICATE OF		Additional Fee required a Certificate of Status	
	7. Name and	Address of Current Regist	ered Agent			
Street Address (P.O. Box Number is N 285 N.EF Herna Suite, Apt.#, Etc. City Lake City, 8. I, being appointed the registered agent of the abo Signature of Registered Agent Blair Payne, ESQ	ve named corporation, am	T SIGN	obligations of section 60	tate Zip Code FL 32056-1707 07.0505 or 617.0503, F.S.	7	
Titles Name of	And Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at I Name of Street Address of Eac Officers and/or Directors Officer and/or Directors		City / State / Zin			
Pres. Christopher Grancher		Box 506		Lake Forest, Illinois 60045		
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 filling 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: Christopher Grancher SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #						

2E081 (10/02)

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Christopher Grancher P.O. Box 506 Lake Forest, I1 60045

Florida Department of State c/o Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399 ATTN: MR. TYRONE SCOTT

Sept.23,2003

Re: Jasper Holdings Inc. (reinstatement)
Document # P94000008290

Dear Mr.Scott:

This letter is a confirmation of our telephone conversation today which you instructed me to forward to the <u>FLORIDA DEPT. OF STATE</u>, c/o DIVISION PF CORPORATIONS (a) a completed Corporation Reinstatement Form(see attached and (b) a check in the amount of \$150.00 which is the annual fee. As asfurther confirmation of that same conversation, it was mentioned that the DIVISION OF CORPORATIONS had sent the annual fee notices to my attention, LAKE FOREST, FLORIDA when last years form filled out by me states that the correct address is LAKE FOREST, ILLINOIS. Having not received your previous notices because of your organization's admitted address error is the reason for my late remittance.

My special thanks to you for your instructions and reinstaement of JASPER HOLDINGS INC.

Very truly yours,

Christopher Grancher