

PLEASE READ ALL INSTRUCTIONS ~~FOR~~ COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPLICATION
 FOR
 REINSTATEMENT

FILED

98 APR 14 PM 3:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 194000022677

1. Corporation Name
J.S. Ventures, Inc.

Principal Place of Business
861 E. Klosterman Rd.
Tampa Springs, FL
34689

Mailing Address
1166 Gillespie Drive
Palm Harbor, FL
34684

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
<u>Suite, Apt. #, etc.</u>		<u>1166 Gillespie Drive</u>		<u>2 1994</u>	
City & State		City & State		5. FEI Number	
<u>PALM Harbor, FL 34684</u>		<u>PALM Harbor, FL 34684</u>		<u>59-3210237</u>	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<u>34684</u>		<u>USA</u>			

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
<u>CEO</u>	<u>Stella Santelli</u>	<u>1166 Gillespie Drive</u> <u>Palm Harbor, FL 34684</u>	<u>Palm Harbor, FL</u> <u>34684</u>
<u>Secy Treas.</u>	<u>Joan Santelli</u>	<u>1166 Gillespie Drive</u>	<u>Palm Harbor, FL</u> <u>34684</u>
<u>VP</u>	<u>Carole Santelli</u>	<u>625 Quail Keep Drive</u>	<u>Safety Harbor, FL</u> <u>34695</u>
			<u>500002491555--0</u> <u>-04/17/98--01006--022</u> <u>***908.75 ***908.75</u>

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
<u>Joan Santelli</u> <u>1166 Gillespie Drive</u> <u>Palm Harbor, FL 34684</u>	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State	Zip Code
		<u>FL</u>	

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: Joan Santelli REGISTERED AGENT MUST SIGN Date: 4-6-98

11. This corporation owes or has paid 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)(l), 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: Joan Santelli Joan Santelli 4-6-98 918-938-7005
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)