


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 16 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056545	
1. Entity Name JOHN J. POSTAL, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1100 St. Lucie West Blvd. Suite, Apt. #, etc. #208 City & State Port St. Lucie, FL Zip 34986 Country USA	3. Mailing Address P.O. Box 880852 Suite, Apt. #, etc. City & State Port St. Lucie, FL Zip 34988-0852 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0525413	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Postal, Kevin	
	Street Address (P.O. Box Number is Not Acceptable) 1100 St. Lucie West Blvd., #208	
	City Port St. Lucie, FL	Zip Code 34986

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 2-24-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
NAME	Kane, June P.	NAME	
STREET ADDRESS	590 NW Peacock Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, FL 34986	CITY-ST-ZIP	
TITLE	Postal, Kevin	TITLE	
NAME	590 NW Peacock Blvd.	NAME	
STREET ADDRESS	Port St. Lucie, FL 34986	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Postal, Patrick, M	TITLE	
NAME	590 NW Peacock Blvd.	NAME	
STREET ADDRESS	Port St. Lucie, FL 34986	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin Postal (Kevin Postal) 2-24-03 (772) 340-4096 x3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

5/23

Attachment

P9982002

#P94000036545

John J. Postal, Inc.

February 24, 2003

DIVISION OF CORPORATIONS
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Reinstatement of John J. Postal, Inc. - FEI # 65-0525413

To the Division of Corporations:


Please be advised that John J. Postal, Inc. did not receive the stated 2002 Uniform Business Report.

John J. Postal, Inc. wishes to be "Active" for the foreseeable future.

Attached is a check in the amount of \$150.00 to reinstate our name.

Thank you for your assistance with this matter.

Sincerely,



Kevin Postal

Registered Agent for John J. Postal, Inc.

P.O. Box 880852, Port St. Lucie, FL 34988-0852
(772) 340-4096 ext. 3