

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg. 1 of 2

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



APPROVED AND FILED

98 APR 27 AM 10:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 995000076879
 1. Corporation Name J. R. TRESSER INC

Principal Place of Business Mailing Address
POB 8801
CORAL SPRINGS FL 33075
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

96-98 AR

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 03/95
 5. FEI Number 593298684
 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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
P	LEAH TRESSER	3315 PINELWALK DR N #101	MARGATE FL 33063
T	" "	" "	" "
			200002507192--7 -05/01/98--01008--021 ***515.00 ***515.00
			A. Alamo 4/27/98

8. Name and Address of Current Registered Agent
JERRY TRESSER
3315 PINELWALK DR N #101
MARGATE FL 33063

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 [Signature] REGISTERED AGENT MUST SIGN Date 4/20/98

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)(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: Leah Tresser pres 4/18/98 (754) 978 5585
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)

J.R. TRESSER, INC.
P.O. BOX 8801
CORAL SPRINGS, FL 33075
1-800-545-2308

pg. 2882
4/20/98

TO WHOM IT MAY CONCERN
ENCLOSED PLEASE FIND AN APPLICATION
FOR REINSTATEMENT AND A CHECK
FOR \$515.00. 200 FOR 96, 165 FOR
97, AND \$150 FOR 98,

WE HAD MOVED IN JAN OF 96. WE
NEVER RECEIVED ANY FORMS OR WE
WOULD HAVE FILLED THEM OUT, AND
MAILED IN THE APPROPRIATE FEE.

WE APOLOGIZE FOR THE INCONVENIENCE
AND WEVE TAKEN THE NECESSARY
STEPS TO INSURE THAT THIS DOES
NOT HAPPEN AGAIN.

SINCERELY
Leah Tresser