

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR -3 AM 9:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P950000 uu 990

1. Corporation Name

JON Whaley AND ASSOCIATES, INC

2. Principal Office Address

12852 Isleworth Dr.

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32225

Country

USA

3. Mailing Office Address

12852 Isleworth Dr.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32225

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/2/95

5. FEI Number

593326402

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAPOUR, DANIEL A

500029812695

Street Address (P.O. Box Number is Not Acceptable)

333-1 E. MONROE ST

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32202

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

Daniel A. Japour

REGISTERED AGENT MUST SIGN

Date 2/24/04

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
<u>D/p</u>	<u>Whaley, JON</u>	<u>12852 Isleworth Dr.</u>	<u>JACKSONVILLE FL 32225</u>
<u>D</u>	<u>Whaley, Terri</u>	<u>12852 Isleworth Dr.</u>	<u>JACKSONVILLE FL 32225</u>

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)(f), 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:

JON P Whaley JON P Whaley 2/23/04 9043348110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

Date: 2/23/04

Re: Reinstatement of Two Florida Corporations and Request for Waiver of Reinstatement Fee.

Dear Sir/Madam,

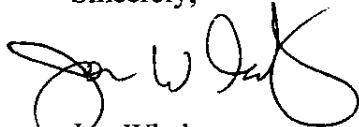
I respectfully request a waiver of reinstatement for two Florida Corporations, as I did not receive the proper forms. This is the second consecutive year that this has happened. Please note that both corporations reside at the same address; **12852 Isleworth Dr., Jacksonville FL 32225**. The first corporation is **Gypsum Specialties, Inc. FEI#593324667** and is a Florida Profit © corporation, document number P95000045000. The second corporation is **Jon Whaley and Associates, Inc. FEI#593326402** and is a Florida Profit (S) corporation, document number P95000044990.

As per our conversation, I have enclosed checks to cover the cost of 2003 and 2004 for both corporations.

I would also point out that the address for both corporations needs to be changed to the **12852 Isleworth Dr., Jacksonville FL 32225**. If you could provide me with acknowledgement of these changes, I would greatly appreciate it. FAX 904 564 2879, Phone 904 334 8110.

Thank you for your consideration in advance.

Sincerely,



Jon Whaley