

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000048919**

1. Corporation Name
Jack Heuser Enterprises inc.

2001-2002 UBR

2. Principal Office Address 15275 Highfield Rd Suite, Apt. #, etc. N/A.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Brooksville FL.		City & State	
Zip 34609	Country U.S.A.	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 06/20/1995	Applied For Not Applicable
5. FEI Number 59-3322158	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Jacob Heuser	500005096775--6
Street Address (P.O. Box Number is Not Acceptable) 15275 Highfield Rd.	-03/12/02--01042--001
Suite, Apt. #, Etc. N/A.	****300.00 ***300.00
City Brooksville	State: FL Zip Code: 34609

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: **Jacob Heuser** Date: **02/28/02**

REGISTERED AGENT MUST SIGN

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
Pres	Jacob Heuser	15275 Highfield Rd	Brooksville FL 34609
V.P	Anna M. Hargrove	15275 Highfield Rd	Brooksville FL 34609
Tr.	Anna M. Hargrove	15275 Highfield Rd	Brooksville FL 34609

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)(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: **Jacob Heuser** **Jacob Heuser** 02/28/02 3527976135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/01)

2/28/02

Jack Heuser Enterprises inc.

15275 Highfield Road
Brooksville, FL, 34604

352-797-6135
hoojack@isandc.com

02/28/02

I am enclosing check for \$300 as per our phone conversation 02/26/02. The bill for last year was mistakenly sent to 44 Landing lane and was returned to you. I assume this payment is for last year and this year.

Thank you for your assistance

Jacob Heuser