PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000057453

1. Corporation Name

JBM GP, INC.

FILED

02 JUN 11 AM 11: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

300006664923--4 -07/25/02--01058--013

2. Principal Office Address	3. Mailing Office Address	****300.00 ****300.00
113 BAYBRIDGE	DRIVE SAME	i
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
		4. Date Incorporated or Qualified To Do Business in Florida 07/25/95
City & State	City & State	
GULF BREEZE		5. FEI Number Applied For
Zip	-Zip	8
32561		CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
	7. Name and Address o	f Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable)	
13585 Perdido-Key Dr.	
Sulte, Apt. #, Etc. (Pensacola, 2, FLF13250751	
City	State Zip Code

Signature of Registered Agent Date						
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			
PD	Julian B. MacQueen	113 Baybridge Dr.	Gulf Breeze, FL 32561			
			M			

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 a signature shall have the same legal effect as if made under oath.

SIGNATURE:

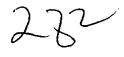
Julian B. MacQueen RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/20/02

(850)934-3609

Daytime Phone #





June 20, 2002

Florida Dept. of Revenue Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: JBM GP, Inc.

Tax ID No. 59-3395893

Dear Sir or Madam:

Attached please find a Corporation Reinstatement form for the above referenced Florida corporation along with \$300.00 in fees. We did not realize this corporation had been dissolved until it was listed as a partner on another corporation and returned to our office. We never received the notices sent to our registered agent.

We have changed registered agents so that this will not happen again. Please waive all late fees and penalties associated with this dissolution. Thank you for your assistance in this matter.

Sincerely,

Julian B. MacQueen

President

JBM/tb

Enclosures (2)