

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
OWNER
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000061482

1. Corporation Name

J. NELSON HOLDINGS, INC.

Principal Place of Business

Mailing Address

5920 ALMOND TERRACE
 PLANTATION FL 33317

5920 ALMOND TERRACE
 PLANTATION FL 33317

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/09/1995

5. FEI Number

65-0607861

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	4 City / State / Zip
P	NELSON, JULIA A	5920 ALMOND TERRACE	PLANTATION FL 33317
		2567 Appaloosa Trail	Wellington, FL 33414

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NELSON, JULIE A

5920 ALMOND TERRACE
 PLANTATION FL 33317

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Julie A Nelson
 2567 Appaloosa Trail
 Wellington FL 33414

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

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-784
 10/10/2000 8593

CR2E040 (8/00)

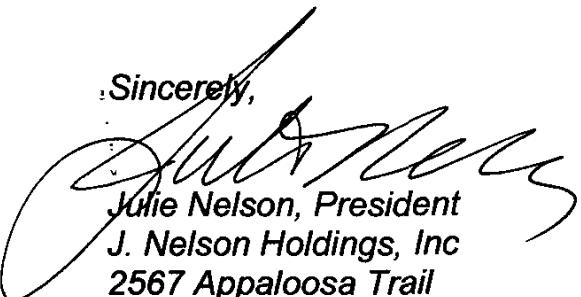
October 10, 2000

TO WHOM IT MAY CONCERN:

I was very upset to receive a notice of dissolution etc.. as I am very conscientious about my business documents and records. I am a small self-employed company with one office and cannot financially absorb such a huge reinstatement fee. I was positive of filling the renewal form out and forwarding it to my account, Judah ever for review as I do every year. He felt that my recent relocation over the past 6 weeks may have attributed to the problem. I have moved to West Palm Beach from Broward county. I immediately called your offices and spoke to a nice woman named Kathy, at your office. She advised that I appeal to your consideration for a one-time waiver of the reinstatement fee. She recommended I forward the \$150.00 and wait to hear from you should there be any further issues.

I thank you in advance for your consideration.. Feel free to contact me at 561-784-8593 should you have any questions.

Sincerely,



Julie Nelson, President
J. Nelson Holdings, Inc
2567 Appaloosa Trail
Wellington, FL 33414