


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000061641		
1. Entity Name JERNIGAN & ASSOCIATES, INC.		

FILED
04 OCT 18 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 815 GRACE AVE LAKE WORTH, FL 33460 US	Mailing Address 224 DATURA ST. 709 WEST PALM BEACH, FL 33401 US
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2. Principal Place of Business 815 GRACE AVE Suite, Apt. #, etc.	3. Mailing Address 815 GRACE AVE Suite, Apt. #, etc.
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REINSTATEMENT
FEE \$150.00 (6/04) 04

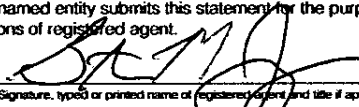
City & State LAKE WORTH Zip 33461	Country Palm Bch	City & State LAKE WORTH Zip 33461	Country Palm Bch
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4. FEI Number 65-0604662	Not Applicable
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6. Name and Address of Current Registered Agent JERNIGAN, STEVEN M 815 GRACE AVE LAKE WORTH, FL 33460	
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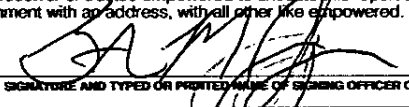
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name STEVEN M JERNIGAN Street Address (P.O. Box Number is Not Acceptable) 815 GRACE AVE City LAKE WORTH FL Zip Code 33461	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 10-13-04 (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JERNIGAN, STEVE 815 GRACE AVE LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900041939689 10/18/04--01068--023 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 10-13-04 Date Daytime Phone #

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