

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000070884

1. Corporation Name

JSS ENTERPRISES, INC.

Principal Place of Business

2933 KERRY FOREST PARKWAY  
TALLAHASSEE FL 32308

Mailing Address

P.O. BOX 15492  
TALLAHASSEE FL 32317-5492

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

2. New Principal Office Address, If Applicable

2931 Kerry Forest Parkway

Suite, Apt. #, etc.

Suite # 203

City & State  
Tallahassee, FL

Zip

32309

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/11/1995

5. FEI Number

59-3336037

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	SHAHER, JENNIFER	3054 SHAMROCK N.	TALLAHASSEE FL 32308
CEO	SHAHER, STEVE	3054 SHAMROCK N.	TALLAHASSEE FL 32308
			300027547263 01/26/04--01020--022 **750.00
			300027547263 02/09/04--01055--020 **150.00

8. Name and Address of Current Registered Agent

SHAHER, STEVE  
3054 SHAMROCK N.  
TALLAHASSEE FL-32308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-31-03

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

10-31-03 850-668-9874

Daytime Phone #

FILED  
04 FEB -9 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

CR2E040 (7/03)