PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Name C-JRS CORPORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Piace of Business 3310 74th Avenue North St. Petersburg, FL 33702 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, if Applicable 3. New Mailing Office Address, if Applicable 3. New Mailing Office Address, if Applicable 4. Date Incorporated or Qualified To Do Business in Florida 11/28/1995 Suite, Apt. #, etc. City & State City & State			_ ' ' _ ' ' _ '	<u> </u>	1100110110	<u> </u>	, O	1140 11110 1 0111	/ • •		
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Title(s) 2 and/or Directors 3 (Do NOT Use Post Officer and/or Director) 4 City / State / Zip PS BRENNER, JOYCE M 3310 74TH AVENUE NORTH ST. PETERSBURG, FL 33702 ST. PETERSU	7. Names a	and Street Addresses of Eac	ch Officer and/o	r Director (Flo	rida nonprofit corpora	ations must list at lea	st 3 directors)				
8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Suite, Apt. #, Etc. City State Zip Code FL Corporation Service Company, REGISTRED AGENT MUST SIGN It's agent, Laura R. Dunlap 11. This corporation owes or has paid the current year Intangible Personal Properly tax due June 30. 2. Learlify that I am an officer or director or the receiver or frustee empowered to execute this application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 of 617, FS. 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 of 617, FS. 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 of 617, FS. 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 odd or of 17,0401, FS. The information undicated on this form do not initial form the names of individuals listed on this form do not puelly for an experience and the names of individuals in the component on the sort on the names of individuals instead on this form do not puelly for an experience and the corporation have been paid and the names of individuals is sted on this form do not puelly for an experience and propried names and form the part of not puelly for an experience and puerly for an experience	Title(s) and/or Directors				Of	ficer and/or Director	City / State / Zip				
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