
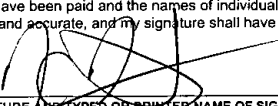


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>00-01UBR</b> <b>P96000005848</b>			
1. Corporation Name <b>JBS Properties, Inc.</b>			
2. Principal Office Address <b>2057 Laurel Run Dr</b>		3. Mailing Office Address <b>P.O. Box 160</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>OCALA FLA</b>		City & State <b>Ocala, Florida</b>	
Zip <b>34471</b>	Country <b>U.S.A</b>	Zip <b>34478</b>	Country <b>Marion</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>1/17/96</b>		5. FEI Number <b>59-3363012</b>	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <b>John D Sullivan</b>		100004593761 -- 1	
Street Address (P.O. Box Number is Not Acceptable) <b>2057 Laurel Run Dr</b>		-09/17/01--01078--001	
Suite, Apt. #, Etc.		****300.00 ****300.00	
City <b>OCALA</b>		State <b>FL</b>	
		Zip Code <b>34471</b>	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date <b>8-29-01</b>	
REGISTERED AGENT MUST SIGN			
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
<b>Pres.</b>	<b>John D. Sullivan</b>	<b>2057 LAUREL Run Dr OCALA FLA 34471</b>	<b>Ocala, FL</b>
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 accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Date <b>8-29-01</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

01 AUG 31 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00-01UBR

CR2E081 (9/00)

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
5050 W. TENNESSEE STREET  
TALLAHASSEE, FLORIDA 32399

PG. 2 of 2

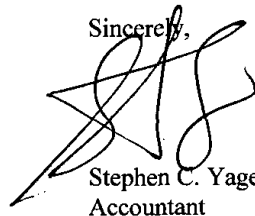
STEPHEN C. YAGER - TAX & ACCOUNTING SERVICE  
P.O. BOX 160  
OCALA, FLORIDA 34478

re: Corporate annual report for JBS Property, Inc.

Dear FLORIDA DEPARTMENT OF STATE:

This letter is to inform the Florida Department of State that according to me and my clients records no corporate annual report was sent to either location to be filed or paid for the year 2000. My client JBS Property, Inc. (John D. Sullivan) has recently received the corporate annual report but with a large penalty added to the normal \$150.00 fee. Since my client has never had this problem in this past we would appreciate the late penalty to be waived and the check inclosed in the amount of \$300.00 to be rendered paid in full. Thanks for your consideration..

Sincerely,



Stephen C. Yager  
Accountant