PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUL 13 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1050.00 ***1050.00

1. Corporation Name
JBE Enterprises, Inc.

REINSTATEMENT 99-01

2. Principal Office Address	**3.** Mailing Office Address
201 Price St.	PO Box 2190
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Marco Island, FL
Zip: 34113 Country: Collier	Zip: 34146 Country: Collier

4. Date Incorporated or Qualified To Do Business in Florida: 4/29/96

5. FEI Number: 65-0670217 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: John V. Acunto
Street Address (P.O. Box Number is Not Acceptable): 201 Price St
Suite, Apt. #, Etc.:
City: Naples State: FL Zip Code: 34113

900.00 - Adm
61.25 - AR
88.75 - ARSupp

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: John V. Acunto Date: 7/11/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
P/D	John V. Acunto	201 Price St.	Naples, FL 34113

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: John V. Acunto Date: 7/11/01 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR