

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -3 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000038636**

1. Corporation Name **Craig Jenkins Ent Inc.**

2. Principal Office Address
4446 Hollygate Dr
Suite, Apt. #, etc.

3. Mailing Office Address
4446 Hollygate Dr.
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip **32256** Country **USA**

Zip **32258** Country **USA**

400027902574
02/09/04--01026--032 **150.00
REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida **5/1/96**
5. FEI Number **59-3378523** 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 **Craig Jenkins**
Street Address (P.O. Box Number is Not Acceptable)
4446 Hollygate Dr.
Suite, Apt. #, Etc.
City **Jacksonville**

400027902574
01/30/04--01003--019 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of Registered Agent **[Signature]**
REGISTERED AGENT MUST SIGN

Date **1/20/04**

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
Pres.	Craig Jenkins	4446 Hollygate Dr	Jacksonville, FL 32258

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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04 **(904) 4163-2932**
Date Daytime Phone #

TR

CR2E081 (1/02)

Pg 202

Craig Jenkins Ent. Inc.

4446 Hollygate dr.
Jacksonville, Fl. 32258
Duval

Phone 463-2930
Fax 742-3742

January 22, 2004

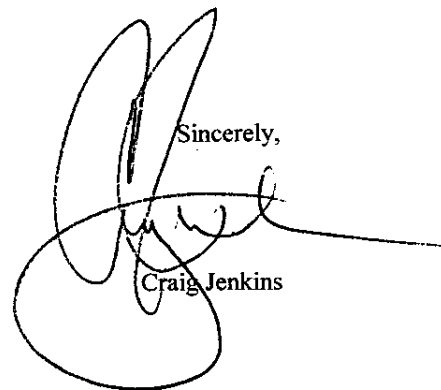
Florida Department of State
Secretary of State
Division of Corporations
409 East Gaines St.
Tallahassee, Fl. 32399

Dear Sirs,

We did not receive our annual report for the year our corporation was dissolved. We would like to reinstate our corporation and respectfully request a waiver of the reinstatement fee. Please note a change of address for your records. Our new address is

Craig Jenkins Ent. Inc.
4446 Hollygate Dr.
Jacksonville, Fl.
32258

Sincerely,



Craig Jenkins