

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 27 PM 2:28	
DOCUMENT # PA6000044747					
1 Corporation Name JEN DEL CORPORATION					
Principal Place of Business 4890 W. KENNEDY BLVD SUITE 550 TAMPA, FL 33609		Mailing Address SAME			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2 New Principal Office Address, If Applicable 4890 W. KENNEDY BLVD Suite, Apt. #, etc. 550		3 New Mailing Office Address, If Applicable Suite, Apt. #, etc. SAME		4 Date Incorporated or Qualified To Do Business in Florida 1997	
City & State TAMPA, FL		City & State SAME		5 FEI Number 59-3377343	
Zip 33609		Country HAWAII		6 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Pres.	MICHAEL BURKE	4890 W. KENNEDY BLVD 550	TAMPA, FL 33609		
Vice Pres.	JENNIFER BURKE	SAME	SAME		
8. Name and Address of Current Registered Agent MICHAEL BURKE 4890 W. KENNEDY BLVD TAMPA FL 33609		9. Name and Address of New Registered Agent Name MICHAEL BURKE Street Address (P.O. Box Number is Not Acceptable) 4890 W. KENNEDY BLVD 550 Suite, Apt. #, Etc. 550 City TAMPA State FL Zip Code 33609			
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. Signature of Registered Agent [Signature] Date 10-25-99 REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: MICHAEL BURKE [Signature] 10/25/99 813-281-2040 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E08 (12/98)