

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT #

1. Corporation Name

PROUDDUNNUN

JEN DEL CORPORATION

Principal Place of Business

Mailing Address

4890 W. KENNEDY Blvd Suite 550  
TAMPA, FL 33609

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.

3. New Mailing Office Address, If Applicable

550

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least one Director)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box)
Pres.	MICHAEL BURKE	4890 W. KENNEDY
Vice Pres.	JENNIFER BURKE	same

8. Name and Address of Current Registered Agent

MICHAEL BURKE  
4890 W. KENNEDY Blvd  
TAMPA FL 33609

Name  
Street Address  
4890  
Suite, Apt. #, Etc.  
City  
TAMPA

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of my position.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as to this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of law, the debts and obligations of the corporation have been paid and the names of individuals listed on this form do not qualify for cancellation. The information contained 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 27 PM 2:28

REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida		1997
5. FEI Number		Applied For
<b>59-3377343</b>		Not Applicable
6.	CERTIFICATE OF STATUS DESIRED	

<p>8. Name and Address of Current Registered Agent</p> <p><b>MICHAEL BURKE</b>  <b>14890 W. KENNEDY BLW</b>  <b>TAMPA FL 33609</b></p>	<p>9. Name and Address of New Registered Agent</p> <p>Name <b>MICHAEL BURKE</b>            Street Address (P.O. Box Number is Not Acceptable) <b>14890 W. KENNEDY BLW 550</b>            Suite, Apt. #, Etc. <b>550</b>            City <b>TAMPA</b> State <b>FL</b> Zip Code <b>33609</b></p>
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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

REGISTERED AGENT MUST SIGN

Date 10-25-99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes  No

(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*  
SPECIALIZED AND TAILORED TO PRINTED NAME ONLY

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

10/25/99 813-281-2040  
Date Daytime Phone #