
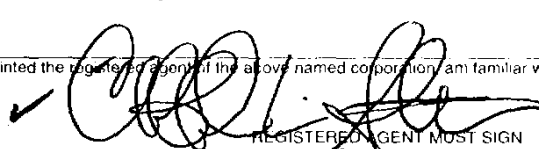
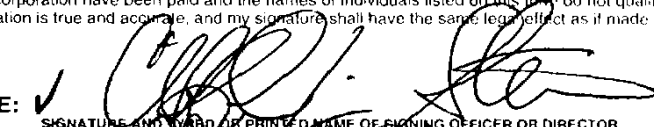


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 21 PM 1:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																													
DOCUMENT # P96000053843																																																	
1. Corporation Name JAR OF ORLANDO, INC.																																																	
Principal Place of Business 280 W. Canton Ave. Suite 105 Winter Park, FL 32789		Mailing Address 280 W. Canton Ave. Suite 105 Winter Park, FL 32789		REINSTATEMENT 98-99																																													
If above addresses are incorrect, please line through incorrect information and enter correct information below.																																																	
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country																																															
4. Date Incorporated or Qualified To Do Business in Florida 06/24/96		5. FEI Number 59-3386613																																															
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)																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Title(s)</th><th style="width: 40%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th><th style="width: 20%;">City / State / Zip</th></tr></thead><tbody><tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr><tr><td></td><td>STEIN, CLIFFORD</td><td></td><td></td></tr><tr><td></td><td>280 W. Canton Ave.</td><td></td><td></td></tr><tr><td></td><td>Suite 105</td><td></td><td></td></tr><tr><td></td><td>Winter Park, FL 32789</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						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	1	2	3	4		STEIN, CLIFFORD				280 W. Canton Ave.				Suite 105				Winter Park, FL 32789																						
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8. Name and Address of Current Registered Agent STEIN, CLIFFORD 280 W. Canton Ave. Suite 105 Winter Park, FL 32789			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL																																														
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 4-19-99																																																	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" 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:  SIGNATURE AND WRITTEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CLIFFORD STEIN Date 4-19-99 (407) 647-7407																																																	