

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PB6000082682

1. Corporation Name

JPJ DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

3 SEASIDE LANE # 801  
BELLEAIR, FL 33756 - 1993

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/4/96
City & State	City & State	5. FEI Number
Zip	Country	Applied For 59 - 3404309
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 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 SG C. MEAS	PETER S. WARTHURST	3 SEASIDE LANE # 801	BELLEAIR, FL 33756 - 1993
			800003071378--0 12/15/99 01076-003 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PETER S. WARTHURST 3 SEASIDE LANE # 801 BELLEAIR, FL 33756 - 1993	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City <input type="checkbox"/> State <input type="checkbox"/> Zip Code FL
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 <i>[Signature]</i>	Date 11/19/99
REGISTERED AGENT MUST SIGN	

11. This corporation owes the current year Intangible Personal Property Tax due June 30.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(See other side for information on Intangible tax.)
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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: <i>[Signature]</i>	PETER S. WARTHURST	Date 11/19/99	727-592-0222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	