| PLEASE READ A  | ALL INSTRUCTIONS                                | BEFORE C  | OMPLEU  | NG THIS FORM  |
|--|---|---|---|---|
| APPLICATION FOR  | FLORIDA DEPARTMEI  Katherine Ha  Secretary of S | NT,OF STATE   |   | en e            |
| REINSTATEMENT  | DIVISION OF CORPO                               | RATIONS   |   | FILED   |
| DOCUMENT # P9600000 199  |   |   |   | 99 NOV -5 PM 3: 53                                  |
| JRT Enterprises, Inc.  |   |   |   |   |
| Principal Place of Business Mailing Address  |   |   |   | SECRETARY UP STATE TALLAHASSEE, FLORIDA             |
| 4475 Woodbine Road, Suite 7<br>Pace, FL 32571  |   |   | 7000030460771<br>-11/16/9901082023<br>****750.00 ****750.00 |   |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.  New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable   |   |   | 4. Date Incorpo   | orated or Qualified                                 |
| See above Suite, Apt #, etc  | See above<br>Suite, Apt. #, etc.                |   | Decen   | ess in Fiorida ther 13, 1996                        |
| See above See above City & State   |   |   | 5. FEI Number 593   | Applied For Not Applicable                          |
| See above  Zip Country  See above USA  | See above Country See above U                   | y<br>SA   | 6.  | OF STATUS DESIRED S8.75. Add from different panel d |
| 7. Names and Street Addresses of Each Officer and/o  |   |   | st 3 directors)   |   |
| Title(s) and/or Directors Offi   |   | eet Address of Each<br>ficer and/or Director<br>se Post Office Box N      | umbers)   | City / State / Zip                                  |
| Director<br>President Ronald F. Lombardi 4829 Kitty Hawk   |   |   |   | Gulf Breeze, FL 32561                               |
| Vice President   | 11924 6   | aney Cree   | k Drive   | Daphne, AL 36526                                    |
| Treasurer Jim Lambeth<br>Vice President  | -   |   | -   |   |
| Secretary Roy Monica 2609 Stoney   |   | ney Spring  | gs Trail  | Buford, GA 30519                                    |
|  |   | A SEE CL.   |   |   |
| , EMENI  |   |   |   | TS  |
| ***  |   |   |   |   |
| 8. Name and Address of Current Registered Agent  |   |   | 9. Name and Address of New Registered Agent                 |   |
| Kievit, Kelly & Odom, P.A.   |   | Name  Street Address (P.O. Box Number is Not Acceptable)  Size Act # Etc. |   |   |
| 15 West Main Street  |   | Suite, Apt. #, Etc.   |   |   |
| Pensacola, FL 32514  |   | City State Zip Code   |   |   |
| 10. I. being appointed the registered agent of the above named corporation, am familiar with   |   |   |   |   |
| Signature of Registered Agent Tubber My Line   | 4   | KIEVIT, KI  |   |   |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No 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 filling 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 lees 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 RONALD RONALD F. Lombardi/President (850) 476-0907 SIGNATURE RONATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Despiring Phone # _ X 150  |   |   |   |   |