

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000021753

1. Corporation Name

J & P Enterprises of Northwest Florida, Inc.

2. Principal Office Address
312 East Nine Mile Road

Suite, Apt. #, etc.
Suite 11, PMB 401

City & State
Pensacola, Florida

Zip
32514

3. Mailing Office Address
312 East Nine Mile Road

Suite, Apt. #, etc.
Suite 11, PMB 401

City & State
Pensacola, Florida

Zip
32514

7. Name and Address of Current Registered Agent

Name
Richard Pope

Street Address (P.O. Box Number is Not Acceptable)
542 Northcreek Circle

Suite, Apt. #, Etc.

City
Pensacola

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3435617

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date
20 Nov 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Richard Pope	542 Northcreek Circle	Pensacola, Florida 32514

10. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-03 (850) 506-0263

Date

Daytime Phone #



DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND

20 Nov 2003

MEMORANDUM FOR DEPARTMENT OF STATE
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

FROM: 919 SFS/CC
506 Drone Street, Suite 6
Eglin Air Force Base Fld 3, FL 32542-6644

SUBJECT: Reinstatement of Corporation (59-3435617)

Pursuant to the Soldiers and Sailors Civil Relief Act (SSCRA), I am requesting that J & P Enterprises of Northwest Florida, Inc, a Florida Corporation, be reinstatement effect immediately.

I was unable to file my annual filing due to my military service. I was deployed and never received the annual renewal information. I have enclosed all the requested documentation and a check for one hundred fifty dollars (\$150.00).

Please feel free to contact me at (850) 883-6494/6495.


RICHARD A. POPE, 1Lt, USAFR
Commander

Attachments:

1. Military Orders
2. Corporation Reinstatement Form