

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


1 of 2

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P9700006 36640			
1. Corporation Name JV Insurance Group			
2. Principal Office Address 7964 Saddlebrook Dr. Suite, Apt. #, etc.		3. Mailing Office Address 7964 Saddlebrook Dr. Suite, Apt. #, etc.	
City & State Port St Lucie, FL Zip 34986 Country USA		City & State Port St Lucie FL Zip 34986 Country USA	

4. Date Incorporated or Qualified To Do Business in Florida April 23 1997	
5. FEI Number 65-0744995	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Jon M Vernaglia	
Street Address (P.O. Box Number is Not Acceptable) 7964 Saddlebrook Drive City Port St Lucie	
State FL	Zip Code 34986

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**

Jon M Vernaglia

REGISTERED AGENT MUST SIGN

Date

3/12/04

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
Pres.	Jon M Vernaglia	7964 Saddlebrook Dr	PSL, FL 34986
V. Pres	John H Vernaglia	7964 Saddlebrook Dr.	PSL, FL 34986
Treasurer	Jon M Vernaglia	7964 Saddlebrook Dr	PSL, FL 34986

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:

Jon M Vernaglia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/04

Daytime Phone #

772-466-8876

CR2E081 (01/04)

20PZ

JV Insurance Group
7964 Saddlebrook Drive
Port St. Lucie, FL 34986

Florida Division of Corporations
PO Box 6327
Tallahassee, FL 32314

February 20, 2004

To Whom It May Concern:

Re: Article # P97000036640
JV Insurance Group Inc.

It has been brought to my attention recently that as of September 19, 2003, JV Insurance Group Inc. has been dissolved due to the lack of payment and filing of the 2003 Annual Corporate Report. This was found when my accountant went online to print a annual report notice.

In May of 2001, JV Insurance Group Inc. had an address change to:
7964 Saddlebrook Drive
Port St. Lucie, FL 34986

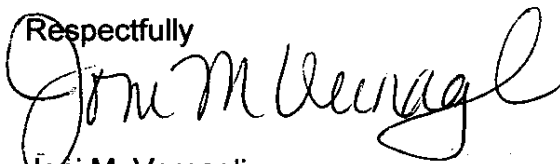
in which 2001's annual report filing was done prior to the move. However, in 2002, the corporate annual report was received and filed from the new address.

After going online, my accountant informed me that the state records still retained the old address of 1038 SW College R, PSL, FL 34953, therefore the notice was sent there. But being a state document, the post office did not forward it to the new address. I received no notice or reminder of 2003's annual report.

I would like to know if there is any way to reinstate this corporation due to the circumstances, as it is still in active force.

Thank you in advance for you attention to this matter, and I await future correspondence.

Respectfully



Joni M. Vernaglia
President/Owner
JV Insurance Group Inc.