
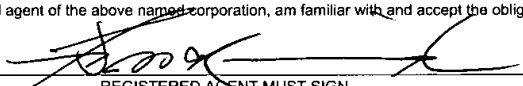
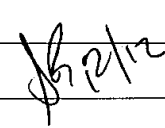
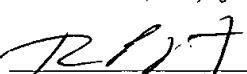


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="text-align: center;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC -5 PM 12:40</div>	
DOCUMENT # P97000093814			
1. Corporation Name JNR NEWS, INC			
2. Principal Office Address 231 N. MAGNOLIA AVE <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address SAME <small>Suite, Apt. #, etc.</small>	
<small>City & State</small> ORL FL		<small>City & State</small> ORL FL	
<small>Zip</small> 32801	<small>Country</small> U.S.	<small>Zip</small>	<small>Country</small>
4. Date Incorporated or Qualified To Do Business in Florida NOV 97		5. FEI Number 59-3478779	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<small>\$8.75 Additional Fee required for a Certificate of Status</small>	
7. Name and Address of Current Registered Agent			
<small>Name</small> F. DOUGLAS MCKNIGHT			
<small>Street Address (P.O. Box Number is Not Acceptable)</small> 176 E. Jefferson St.			
<small>Suite, Apt. #, Etc.</small>			
<small>City</small> ORLANDO		<small>State</small> FL	<small>Zip Code</small> 32801
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.			
<small>Signature of Registered Agent</small> 		<small>Date</small> 11-30-01	
<small>REGISTERED AGENT MUST SIGN</small>			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
<small>Titles</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>
PRES	RICHARD P. D'AQUISTO	2165 LAKE DR	WINTER PARK, FL 32789
<div style="text-align: right; font-size: 1.5em;"></div>			
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: 		RICHARD P. D'AQUISTO, President	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> 11/3/01	<small>Daytime Phone #</small> 402-642-8712

CR2E081 (9/00)



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TO WHOM IT MAY CONCERN:

I DID NOT RECEIVE A REJECTION LETTER
THAT WAS MAILED TO ME. MY CORPORATE ADDRESS
IS ON THE NEW APPLICATION THAT WAS RECENTLY MAILED
TO ME. I'M NOT SURE WHAT A REJECTION
LETTER IS. MY CORPORATION IS ACTIVE AND IN ITS
4TH YEAR OF USE.

SINCERELY,

RICHARD P. D'AQUISTO, PRESIDENT