

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR RESTATEMENT

DOCUMENT # P97000097379

Corporation Name
JA INVESTMENT GROUP, INC.

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 22 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

11833 HOLLYGLEN DRIVE 11833 HOLLYGLEN DRIVE
TAMPA FL 33624 TAMPA FL 33624

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

2. New Principal Office Address, if Applicable 5831 Memorial Hwy Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable 5831 Memorial Hwy Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 01/01/1998	
City & State Tampa, Florida		City & State Tampa, Florida		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33615	Country USA	Zip 33615	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See 7b. Additional Fees required for a Certificate of Status.</small>	

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD DIRECTOR	BOYD, DIANE M	11333 HOLLYGLEN DRIVE 3920 DORAL DR.	TAMPA FL 33624 33624
VTD	BOYD, BRENDA L	11833 HOLLYGLEN DRIVE 5831 Memorial Hwy	TAMPA FL 33624 33615
VSD	REILLY, MARY ANNE B	11833 HOLLYGLEN DRIVE 5831 Memorial Hwy	TAMPA FL 33624 33615
VD	HENDERSON, DEBRA B	11833 HOLLYGLEN DRIVE 5831 Memorial Hwy	TAMPA FL 33624 33615
VD	BOYD, JOHN T	11833 HOLLYGLEN DRIVE 5831 Memorial Hwy	TAMPA FL 33624 33615
VP PD	BOYD, ROBERT J	11333 HOLLYGLEN DRIVE 5831 Memorial Hwy	TAMPA FL 33624 33615

8. Name and Address of Current Registered Agent BOYD, DIANE M 11333 HOLLYGLEN DRIVE TAMPA FL 33624		9. Name and Address of New Registered Agent Name: Boyd, Robert J Street Address (P.O. Box Number is Not Acceptable): 5831 Memorial Hwy Suite, Apt. #, Etc.: City: Tampa 000003031600--4 11/02/99 01000-020 ****750FD 33615 00	
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10. 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: *Robert J Boyd* Date: 10-18-99

REGISTERED AGENT MUST SIGN

11. 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: *Robert J Boyd* 10-18-99 813 626 6009

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT 990

CR2004 (09/99)