PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PLAN

REINS	PORATI STATEM		Secreta	RTMENT OF STATE ry of State corporations			LED 23 AH 9 40	0
DOCUMENT # P9800000 1528								
J.T. S. R. 98, INC.								
2. Principal				3. Mailing Office Address				
12146 MANDARIN RA Sulto, ADI, #, etc.			12146 MANDARIN RS		1			
Suite, Apt. #,	, 805.		Suite, Apt. #, etc.			orated or Qualified	1 1 . 1 .	000
City & State	. <del>7-</del> .		City & State	<u> </u>				1998 Applied For
JAX. FI.			Zio Country		59-3	48644		Not Applicable
322°	2-3	Duval	32223	Du VAL	6. CERTIFICATE	OF STATUS DESIR		nal Fee required cate of Status
			7. Name and	Address of Current Register	ed Agent			
	Name BARNETTE, JACK T.							
Ī	Street Address (P.O. Box Number is Not Acceptable)							
	Sulte, Apt. #, Etc.							
	City							_
	of chsor ville					FL Zip C	<del>2</del> 223	
8. 1, being a	appointed the	registered agent of the at	ove named corporation, am	familiar with and accept the of	bligations of sectio	n 607.0505 or 61	7.0503, F.S.	
Signature of Registered A	aent	ASARNETI	E/ Preside		Date /2	120/05		
		5	REGISTERED AGENT MUS			D0.0		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea								
Titles	les Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip	
Pres	Boi	WETTE, DA	ch T. 121	46 MANDARIA	5 PS	dax.	F1. 322	23
•	1.1.1/28							
	15/1/205							
	The state of the s					10062	38108)	
	9.422					7050164	7016 **3	300.00
								-
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 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 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 antispecturate, and my signature shall have the same legal effect as if made under oath.								
SIGNATURE: JOANNETTE NESDENT JOCK BANNETE 12/20/05 904-386-9558								

Pageral

December 20, 2005

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## To Whom It May Concern:

I am writing so that I may have the corporation (J.T.S.R. 98, INC.) reinstated. I called the Division of Corporations office in Tallahassee to ask direction as to how to reinstate the above corporation. As I explained to both Tyrone and Kristin I did not receive a notice for the 2004 nor 2005 Annual Report filing. I am submitting the paperwork with this correspondence for reinstatement for the years 2004 / 2005. I am also asking that you wave the late fee associated with the filing since I did not receive the notice. Enclosed is a check for \$300.00 which represents the filing fee for both 2004 & 2005.

I have listed the correct mailing address for any future correspondence and thank you in advance for your assistance. Should you have any questions I may be reached at 904-396-9558.

Respectfully,

Jack Barnette / President

J.T.S.R. 98, Inc.

BONETTE

12146 Mandarin Road

Jacksonville, Florida 32223