


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000011502					
1. Entity Name <b>JENNRUSS, INC.</b>					
Principal Place of Business 1130 N.W. 93 TERRACE PLANTATION, FL 33322			Mailing Address 1130 N.W. 93 TERRACE PLANTATION, FL 33322		
2. Principal Place of Business <i>2990 Griffin Road</i>		3. Mailing Address <i>12100 N.W. 8th St.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Dania Beach, Florida</i>		City & State <i>Plantation, Florida</i>			
Zip <i>33312</i>		Country <i>USA</i>		Zip <i>33325</i>	
				Country <i>U.S.A.</i>	
4. FEI Number <b>08-3405515</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  JACOBS, PHYLLIS 1130 N.W. 93 TERRACE PLANTATION, FL 33322			7. Name and Address of New Registered Agent Name <i>Phyllis Jacobs</i> Street Address (P.O. Box Number is Not Acceptable) <i>12100 N.W. 8th Street</i> City <i>Plantation</i> FL Zip Code <i>33325</i>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>April 22 2006</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACOBS, PHYLLIS 1130 N.W. 93 TERRACE PLANTATION, FL 33322 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACOBS, ROY 1130 N.W. 93 TERRACE PLANTATION, FL 33322 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Signature]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4/22/2006</i> Daytime Phone # <i>954-472-2332</i>		

FILED  
06 APR 27 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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