

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1462

CORPORATION  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 21, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P98000017363

1. Corporation Name
THE NEW JRH ONE INC.

2. Principal Office Address
815 N. GARLAND AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address
P.O. BOX 547757

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip 32801 **Country** USA

Zip 32854-7757 **Country** USA

4. Date Incorporated or Qualified To Do Business in Florida 11/12/92

5. FEI Number 59-3154023 **Applied For** ☐ **Not Applicable** ☐

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

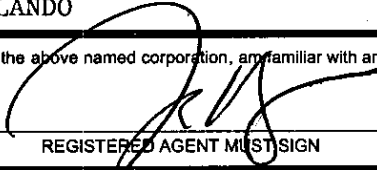
7. Name and Address of Current Registered Agent

Name JAMES R. HOOPER
Street Address (P.O. Box Number is Not Acceptable) 815 N. GARLAND AVENUE
Suite, Apt. #, Etc.
City ORLANDO

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03/21/03--01064--007 **300 00

State FL **Zip Code** 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.

Signature of Registered Agent  **REGISTERED AGENT MUST SIGN**

Date 3/18/03

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
P	JAMES R. HOOPER	815 N. GARLAND AVENUE	ORLANDO, FL 32801

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)(f), 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: JAMES R. HOOPER **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03 407-849-0167
Date **Daytime Phone #**

CR2E081 (10/02)

THE LAW OFFICES OF
JAMES RICHARD HOOPER
A PROFESSIONAL ASSOCIATION

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MAILING ADDRESS:
POST OFFICE BOX 540509
ORLANDO, FLORIDA 32854-0509
(407) 849-0167

March 18, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Gentlemen:

We are enclosing The New JRH One Inc. Corporation Reinstatement along with a check in the amount of \$300.00 for the filing fees for the years 2002 & 2003.

We were told that the Uniform Business Report was sent to our old office which was closed in 2001. Since we have never received the form, please accept the enclosed check and waive the penalty for late filing.

Sincerely,


Dao Churchill
Comptroller