

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 JAN -5 AM 10: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000049485

1. Corporation Name
Jams of Jax, Inc

REINSTATEMENT 03

900026027969
01/05/04--01059--027 **150.00

2. Principal Office Address 8280 Princeton Square Blvd.		3. Mailing Office Address 8280 Princeton Square Blvd.	
Suite, Apt. #, etc. Suite 8		Suite, Apt. #, etc. Suite 8	
City & State Jacksonville, FL.		City & State Jacksonville, FL.	
Zip 32256	Country USA	Zip 32256	Country USA

4. Date Incorporated or Qualified --To Do Business in Florida-- 06/03/1998	
5. FEI Number 59-3515665	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Perez, Rafael J.			
Street Address (P.O. Box Number is Not Acceptable) 8280 Princeton Square Blvd			
Suite, Apt. #, Etc. Suite 8			
City Jacksonville		State FL	Zip Code 32256

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 Date 11/26/03

REGISTERED AGENT MUST SIGN

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	Spadafora, Jeffrey L.	8280 Princeton Square Blvd., Suite 8	Jacksonville, FL. 32256
V	Perez, William L.	8280 Princeton Square Blvd., Suite 8	Jacksonville, FL. 32256
T	Perez, Rafael J.	8280 Princeton Square Blvd., Suite 8	Jacksonville, FL. 32256
S	Nobles, Jacob	8280 Princeton Square Blvd., Suite 8	Jacksonville, FL. 32256

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: Rafael J. Perez Date 11/26/03 Daytime Phone # 904-739-2722

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


CR2E081 (10/02)

Jams of Jax, Inc.
8280 Princeton Square Blvd. Suite 8
Jacksonville, FL. 32256
904-739-2722

To Florida Department of State,

We at Jams of Jax, Inc. had moved our location and never received our UBR form.
I would like to keep this active and am enclosing the fee as instructed to me by the
person I spoke to on the phone from this department.

If you have any questions please give me a call.



Rafael J. Perez
Treasurer