

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000050496

1. Corporation Name

JACK'S ENGINE SERVICE, INC.

Principal Place of Business

17684 83RD PLACE NORTH  
LOXAHATCHEE FL 33470

Mailing Address

17684 83RD PLACE NORTH  
LOXAHATCHEE FL 33470

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	06/05/1998
City & State	City & State	5. FEI Number
Zip	Zip	65-0841303
Country	Country	Applied For Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSTD	RUMPF, JOHN J JR.	17684 83RD PLACE NORTH	LOXAHATCHEE FL 33470

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
FL		

02040499

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

Date

REGISTERED AGENT MUST SIGN

11/4/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/98 361 298-0915  
Daytime Phone #

008811 AF

November 1, 1999

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

RE: Jack's Engine Service, Inc.  
EIN #65-0841303

Gentlemen:

Please find enclosed my signed application for reinstatement. The annual report for this company was completed and sent in and cashed by the Department of State-Division of Corporations. Apparently, the one item missing on the annual report was the EIN number of the corporation. I have included it on the application for reinstatement. Since the annual report fee was paid within the time limit, I am requesting that the late fee payment be waived.

Thank you for your attention to this matter.

Sincerely,

  
John J. Rumpf, Jr.  
President