

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000053950

1. Corporation Name

J. PAUL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~5018 SATEL DR.~~
ORLANDO FL 32810

~~5018 SATEL DR.~~
ORLANDO FL 32810

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

2. New Principal Office Address, If Applicable

5427 BLUEGRASS ST

3. New Mailing Office Address, If Applicable

P.O. Box 608995

Suite, Apt. #, etc.

ORLANDO, FL

Suite, Apt. #, etc.

ORLANDO FL

City & State

~~ORLANDO~~

City & State

Zip
32810

Country
ORANGE

Zip
32860

Country
ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1998

5. FEI Number

59-3519137

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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
PRES.	SONJA R TURNER	5427 BLUEGRASS ST	ORLANDO FL 32810
			400003087614--4
			-01/04/00--01066--020
			****750.00 ****750.00

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TURNER, SONJA R

~~5018 SATEL DR.~~ 5427 BLUEGRASS ST.
ORLANDO FL 32810

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-1-99

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 REQUIRED
SONJA R TURNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-99
Date

407-294 4990
Daytime Phone #