

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 28 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

1560 JEG INC.

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07/13/01--01012--003

****900.00 ****900.00

2. Principal Office Address 1540 S. NOVA RD. DAYTONA BCH. FL 32114 Suite, Apt. #, etc.		3. Mailing Office Address 611 TARRAGONA WY. Suite, Apt. #, etc.	
City & State		City & State DAYTONA BCH. FL	
Zip	Country U.S.A.	Zip 32114	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida	08-98
5. FEI Number	59-3526930
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status
Applied For	Not Applicable

7. Name and Address of Current Registered Agent

Name: Jennifer T. Greene
Street Address (P.O. Box Number is Not Acceptable): 611 TARRAGONA WY.
Suite, Apt. #, Etc.:

City: DAYTONA BCH. State: FL Zip Code: 32114

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: X Jennifer T. Greene
REGISTERED AGENT MUST SIGN

Date: 6-18-01

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
PRES.	Jennifer T. Greene	611 TARRAGONA WY. D.B. FL. 3	DAYTONA, FL 32114

REINSTATEMENT 00-01 TS

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: X Jennifer T. Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6-18-01

Daytime Phone #: 386 255 0595

CR2E081 (9/00)