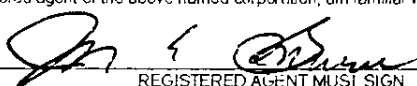
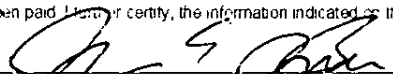


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING **09 DEC / 6 AM 10:48**

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 1. Corporation Name 1560 JEG INC. P 98000069139					
2. Principal Office Address - No P.O. Box # 1540 S. NOVA RD Suite, Apt. #, etc.		3. Mailing Office Address 251 Wildwood dr. Suite, Apt. #, etc.		700163671237 12/16/09--01028--009 **900.00 CR2E081 (11/09)	
City & State DAYTONA BCH, FL		City & State New Smyrna Bch, FL		4. Date Incorporated or Qualified To Do Business in Florida 9/04/98	
Zip 32114	Country USA	Zip 32168	Country USA	5. FEI Number 59-3526930 Applied For ☐ Not Applicable ☐	
7. Name and Address of Current Registered Agent Name JASON ELLIOTT GREENE Street Address (P.O. Box Number is Not Acceptable) 251 Wildwood dr. Suite, Apt. #, Etc.				6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status. ☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
City New Smyrna Bch,		State FL	Zip Code 32168		
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 12/15/09					
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.	JASON E GREENE	251 Wildwood dr.	New Smyrna Bch FL 32168		
V	"	"	" "		
T	"	"	" "		
S	"	"	" "		
REINSTATEMENT					
10. E-mail Address: Southturndaytona@aol.com (To be used for future annual report notification)					
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. I further certify, 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:  JASON E GREENE 12/15/09 386 290 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					

Attachment

798-68139

12/15/09

To whom it may concern:

I believe if notices were sent to the 1540 S. Nova Rd. address they were never received by me. At the time I had a General Manager who was taking care of mail and bills, etc...

All government related documents were to be sent to my home address so I could personally take care of them.

I do not recall seeing any letters, or otherwise, of any notices about my Corporation being "inactive". It was only by accident that my accountant informed me that it was dissolved.

In the future could all mailing be sent to the 251 Wildwood address please. Hopefully, some or all of the fees could be waived.

Thank you,

JASON GREENE