

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 JUL -1 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02-03

DOCUMENT # P-98000083739

1. Corporation Name  
Jarett Consulting Services, Inc.

2. Principal Office Address  
1325 W. Anderson St.  
Suite, Apt. #, etc.

3. Mailing Office Address  
4969 Journey Ct.  
Suite, Apt. #, etc.

City & State  
Orlando, Florida  
Zip 32805  
Country US

City & State  
Orlando, Florida  
Zip 32829  
Country US

4. Date Incorporated or Qualified To Do Business in Florida 9-28-98

5. FEI Number 59-3535055  
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: James Ferrell  
Street Address (P.O. Box Number is Not Acceptable): 4969 Journey Ct.  
Suite, Apt. #, Etc.:  
City: Orlando  
State: FL  
Zip Code: 32829

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: [Signature]  
Date: 6/25/03  
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	Christopher Chase	675 Del Rio St.	Orlando, FL 32839
VP	James Ferrell	4969 Journey Ct.	Orlando, FL 32829

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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 6/25/03  
Daytime Phone #

CR2E081 (10/02)

7/7/03



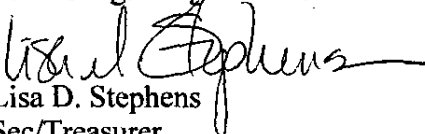
KEEPING YOUR VEHICLES ON THE ROAD

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: FEI #59-3535055

Dear Sirs:

Attached please find our application for corporation reinstatement. We did not receive any notices regarding the renewal for 2002.

  
Lisa D. Stephens  
Sec/Treasurer

Commercial Vehicle Services  
1325 W. Anderson Street  
Orlando, Florida 32805

PHONE 407.843.1811  
TOLL FREE 877.599.6075  
FAX 407.843.1813