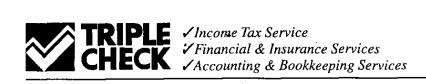
APĪ		ALL INST		T OF STATE	ľ	NG THIS FORM	n. 10L2	
REIN	FOLL		S Cre an of S	arris Late RATIONS			n	
DOCUMENT # P98000105704  1. Corporation Name  JBGC-PRO SHOP, INC.					00 OCT 31 PM 3: 56			
					Principal Pl	lace of Business	Mailing Addre	Mailing Address
605 S. PEN JACKSONVI	nman Rd. Ville Beach Fl 32250		605 S. PENMAN RD. JACKSONVILLE BEACH FL 32250					
	addresses are incorrect in any way, line the					antand on Overliffeed		
Suite, Apt.	incipal Office Address, If Applicable		New Mailing Office Address, If Applicable     Suite, Apt. #, etc.			Date Incorporated or Qualified     To Do Business in Florida     12/21/1998		
City & State		City & State	<u> </u>			59-3547900	Applied For Not Applicable	
Zip	Country	Zip	Country	/	6. CERTIFICATE	OF STATUS DESIRED 🔲	8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	<del></del>			· ·		
Title(s)	Name of Officers and/or Directors 2 3		Off	Street Address of Each Officer and/or Director		City / State / Zip		
DPTS	FARLEY, HARRY L JR 3480 INDIAN CREEK E			eek blvd.		JACKSONVILLE FL 3	2259	
		-						
				,		2000034687929 -11/17/0001067016 ****150.00-****150.00		
<del> </del>	1							
				LS				
	8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent Name				
EADIEV HADDVI ID					(P.O. Box Number is Not Acceptable)			
JACKS	SONVILLE FL 32259-2105		Suite, Apt. #, Etc.					
			<b>S</b> ai	City	bligations of Castis	) <b>F</b>	tate Zip Code	
10. I, being Signature of Registered		RESISTERED AG		HRED		Date 10/23/6	/ 00	
this rein	y that I am an officer or director or the red instatement application, the reason for dis by the corporation have been paid and the application is true and accurate, and my	ssolution has beer e names of individ	n eliminated, the corpo duals listed on this for	orate name satisfies m do not qualify for	s the requirements of an exemption und	of section 607.0401 or 61	7.0401, F.S., that all tees	
SIGNA	TURE: SIGNATURE AND YOUR OD	RINTED NAME OF	SIGNING OFFICER OR	TED DIRECTOR		10/23/00	Daytime Phone #	
-						, ,	•	



320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604 www.triplechecktax.com

October 23, 2000

Division of Corporations Annual Reports Filing Post Office Box 6327 Tallahassee, FL 32314

Re: Profit Corporation Annual Report

Document P98000105704 – JBGC-Pro Shop, Inc.

Dear Sir/Madam,

Please see the attached Uniform Business Report for our client listed above. We are requesting that you accept his Application For Reinstatement and his payment of \$150.00, for the year 2000.

Mr. Farley, President of the above Corporation, did not receive his report for the 2000 registration period. He has only received the enclosed Application notice. Mr. Farley has always been very conscientious about forwarding all government paperwork to us and paying all yearly fees timely. He has not changed addresses and does not understand why he did not receive any information before this time.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Beverlee A. Flowers, E.A.

Enclosure: Check #1225

Application For Reinstatement