PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

P990000 35245 DOCUMENT #

1. Corporation Name

VS

JCW ENTERPRISES INC.

2. Principal Office At 7590 16 Th		3. Mailing Office Address 75 90 16 TH AVE N Suite, Apt. #, etc.					
Suite, Apt. #, etc.							
SAINT PETERS BURG, FL		City & State SAINT PETERS BURG, FL					
DAINT PET	EKS BUKG, PI	- SAINT PETE	SAINT PETERS BURG , FL				
Zip 2 2 2 1 0	Country	Zip 377.10	Country				

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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4. Date Incorporated or Qualified

					To Do Busine	ess in Floi	rida 4-16	- 1999			
City & State		City & State		5 EEI Number	<u></u>			For			
SAINT PETERS BURG, FL		SAINT PETERS BURG , FL] 74-2918517 N			Not Ap	plicable			
3371		PINELLAS	33710	PINELLAS	6. CERTIFICATE (OF STATUS	SET	Additional Fee a Certificate of	required Status		
7. Name and Address of Current Registered Agent											
	Street Add	PARLES WILL tress (P.O. Box Number is No. 90 16TH AVE	ot Acceptable)								
	Suite, Apt.		<u> N</u> -	•		State	Zip Code				
	City	NT PETERSB	URG.			FL	33710				
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 Charles Wilbur Date 11-29-00 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 Ea Officer and/or Direct		City / State / Zip					
PT	Jus	TIN WILBER	? 7	59016TH AUE N		ST. PE	TE, FL	<u>3</u> 3710			

7590 16TH AUEN.

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 filling 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.

Karlowifoll CHARLES WILBER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES WILBER

11-29-00

727-347-3471 Daytime Phone #

ST. PETE FL 33710



p99000035245

11-29-00

<u>Please</u> waive reinstatement fees, The UBR form was never received by this corporation due to a typo-error-In-the-records-Department-of-Gorporations shows our address as: 7590 6th Ave N. St Pete, Fl 33710

Should be: 7590 16th Ave. N. Saint Petersburg Fl 33710.

Thank You Kindly,

Thanks wilber

Charles Wilber VP