

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Catherine Harris  
Secretary of State  
CORPORATIONS

FILED

00 NOV -8 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000041004

1. Corporation Name  
J. GAINES CONSULTING, INC.

Principal Place of Business Mailing Address  
11440 LAKESHORE DRIVE 11440 LAKESHORE DRIVE  
COOPER CITY FL 33026 COOPER CITY FL 33026



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/05/1999	
City & State		City & State		5. FEI Number	
Zip		Country		6.5-0928048	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	GAINES, JOANNE	11440 LAKESHORE DRIVE	COOPER CITY FL 33026
VPD	GAINES, JULIAN	11440 LAKESHORE DRIVE	COOPER CITY FL 33026

800003485578--5  
-12/05/00--01013--002  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent  
SCHECTMAN, JENNIFER L CPA  
9050 PINES BLVD.  
SUITE 385-A  
PEMBROKE PINES FL 33024

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. SUITE 205  
City State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent SIGNATURE REQUIRED Date 11/2/00  
REGISTERED AGENT MUST SIGN

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 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 REQUIRED Date 11/2/00 Daytime Phone # 954/432-5262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E040 (9/00)

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*J. GAINES CONSULTING INC.  
11440 LAKESHORE DRIVE  
COOPER CITY, FLORIDA 33026*

November 3, 2000

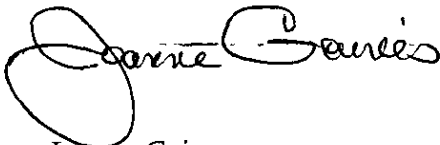
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314-6327

Dear Sir or Madam:

I sent in the corporation UBR form with my check for \$150 on April 25, 2000. I called the division and was told you hadn't received my check and that I should send you a letter explaining the circumstances. It appears that your office never received my form or it was lost. Therefore please find enclosed a check for \$150 and a reinstatement form.

Thank you in advance for your consideration and assistance.

Very Truly Yours,



Joanne Gaines  
President

JG/el