PLEASE: READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



,	in to			A DEPARTME Katherine H Secretary of I IVISION OF CORPO	State 430		FILEDI R-9 PM 3: 34		,	
DOCUMENT # P9900004-17-01 1. Corporation Name						SEGRETATOTOFISTATE TALLEAHASSEE, FLORIDA				
Jira Graphics, Inc										
Principal Place of Business Mailing Address POBOX I APT ISTS DAY FOR BULL 32114 If above addresses are incorrect in any way, line through incorrect information and enter correction be						572				
	 	Address, if Applicable	-	ng Office Address, If Applicable			orated or Qualified ness in Florida-	05/13/1999	<u> </u>	
Suite, Apt. #, etc. Suite, Apt. #				etc.		5. FEI Number Applied For				
City & State			City & State			<u>59-35</u>	1		ot Applicable	
Zip	ip Country .		Zip Country		ry		CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
7. Names a	and Street Ad	dresses of Each Officer and/	or Director (Flo							
Title(s) 1	Name of Officers and/or Directors 2				reet Address of Each fficer and/or Director		City / State / Zip			
D	D Anthony Lannell			600 Jimmy Ambrile			Day Hora R	Cht.	32114	
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				ئىر س	*					
8. Name and Address of Current Registered Agent Name .						9. Name and A	9. Name and Address of New Registered Agent			
1/05.40							TLC is Not Acceptable) IAMAA B/	VI) Sui	185	
997 MAN							mi) Bh State Zip Code FL 27/7//			
10. I, being	appointed the	e registered agent of the above	re named corpo	ration, am familiar w	ith and accept the of	oligations of Section	on 607.0505, F.S.	1	17	
Signature of Registered Agent Pare Property Prop										
11. I certify the	hat I am an o	fficer or director or the receive	er or trustee em ution has been	powered to execute	this application as p prate name satisfies	rovided for in cha the requirements	pter 607 or 617, F.S. I furtl of section 607,0401 or 617	her certify that w	hen filing	

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.

NATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Florida Department of State Attn: (UBR 2000) P O Box 6327 Tallahassee, FL 32314

P8292

November 6,2000

Attn: Stacy Prather

Dear Madam: There are two more corporations that should be the last ones that did not get filed this one was just sent back to me on November 6,2000, do to the wrong address I was mailing the UBR forms to. This letter is to inform your office that we never received our 2000 uniform business report and because of that our office called the department of state and requested a form. Since we never received a form we could not file it on time. The department of state directed me to the request forms line and told our office to send a letter stating why it was not filed on time. In lue of all my attempts it seams as if I was given or wrote down the wrong zip code so this corporation was also delayed because the from was returned for corrections and sent back to the wrong address. I have sent many letters and have requested a response I have never received a letter prior to the dissolution letter.

Please make the correct changes to my records and file my corporation UBR from for 2000. Thank you for your time in concerning this matter.

Sincerely,

Jira, Inc 600 Jimmy Ann Drive Apt 1515 Daytona Beach, FL 32114