


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000045670

1. Corporation Name
JLR VENTURES, INC.

000084090620
01/12/07--01001--027 **1208.75

REINSTATEMENT 05-07
CR2E081 (12/05)

2. Principal Office Address <u>333 PERUVIAN AVENUE</u>		3. Mailing Office Address <u>333 PERUVIAN AVE.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>PALM BEACH, FL</u>		City & State <u>PALM BEACH, FL</u>	
Zip <u>33480</u>	Country <u>USA</u>	Zip <u>33480</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>5/17/99</u>	Applied For
5. FEI Number <u>65-0923496</u>	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> CS.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
JAMES L. MCCANN

Street Address (P.O. Box Number is Not Acceptable)
333 PERUVIAN AVENUE

Suite, Apt. #, Etc.

City PALM BCH State FL Zip Code 33480

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 James L. McCann Date 1/8/07

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
PRES	JAMES L. MCCANN	333 PERUVIAN AVE, PALM BCH	PALM BEACH FL 33480
VP	LAURA A. COYNER	333 PERUVIAN AVENUE	PALM BCH FL 33480
BIT	ROSAUND CLARKE	333 PERUVIAN AVENUE	PALM BEACH FL 33480

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 contained in Chapter 119, 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: Laura A. Coyner LAURA A. COYNER 1/8/07 561 385 ~~4223~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11940