

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherin Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 24 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9900000493:35

1. Corporation Name J. DAUPHINAIS and Son Inc

2. Principal Office Address

5416 club circle

Suite, Apt. #, etc.

City & State

Haverhill FL

Zip

33415

Country

USA

3. Mailing Office Address:

5416 club circle

Suite, Apt. #, etc.

City & State

Haverhill FL

Zip

33415

Country

USA

2000-2001 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 26, 1999

5. FEI Number

65-0932630

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John Dauphinais

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

5416 club circle

Suite, Apt. #, Etc.

City

Haverhill FL

800004275328

05/21/01 01203 005

****300.00 ****300.00

State

FL

Zip Code

33415

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

John Dauphinais

Date

4-17-01

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
owner	John Dauphinais	5416 club circle	Haverhill FL 33415
President	John Dauphinais	5416 club circle	Haverhill FL, 33415
Vice President	John Dauphinais	5416 club circle	Haverhill FL 33415
Secretary	John Dauphinais	5416 club circle	Haverhill FL-33415

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

John Dauphinais

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-17-01

Daytime Phone #

561-722-0021

owner - President

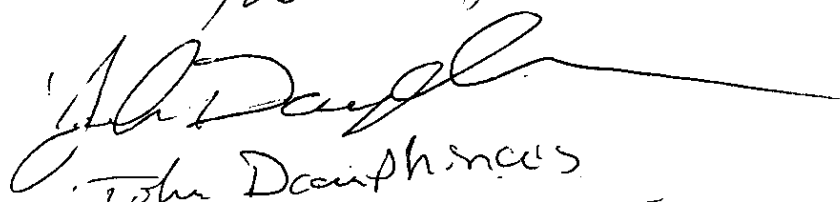
CR2E081 (9/00)

Dear - Dept. Corp. Reinstatement,

2 of 2

I John Dauphinais of J. Dauphinais + Son Inc. never received my Due's Fee sent to my new Address. I had called and informed the Person. of the change. But never sent in writing the change. Due to I was never instructed. So As I called Again I was asked to write this letter and fill out the form to Reinstate my Business. Thank you. Also I am send a check for 300.00 to pay for the last to Parents to get me current.

Thank you.


John Dauphinais
J. Dauphinais + Son Inc.
President.