


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000071807			
1. Corporation Name JAYMAX ENTERPRISES, INC.			
2. Principal Office Address 5835 WHITE CYPRESS DRIVE Suite, Apt. #, etc. City & State LAKE WORTH, FLORIDA Zip 33467 Country PALM BEACH		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 8-9-1999	
		5. FEI Number 65-0941267	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 12 PM 1:56

REINSTATEMENT 60-20

7. Name and Address of Current Registered Agent	
Name JAMES S. FALCONE	
Street Address (P.O. Box Number is Not Acceptable) 5835 WHITE CYPRESS DRIVE	
Suite, Apt. #, Etc. City LAKE WORTH	
State FL	Zip Code 33467

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 S. FALCONE	Date 12/9/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles P.S.T. D	Name of Officers and/or Directors JAMES S. FALCONE	Street Address of Each Officer and/or Director 5835 WHITE CYPRESS DRIVE	City / State / Zip LAKE WORTH, FL 33467

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 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: JAMES S. FALCONE	Date 12/9/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # (561) 642-2363	

CR2E081 (9/00)