

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -6 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000089232*

1. Corporation Name
JEH Financial Services, Inc.

2. Principal Office Address
3150 N. Wickham Road

3. Mailing Office Address
Same

Suite, Apt. #, etc.
#8

Suite, Apt. #, etc.

City & State
Melbourne, FL

City & State

Zip Country
32935 Brevard

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 11/15/99

5. FEI Number
58-2497842

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
Herzog, James E.

Street Address (P.O. Box Number is Not Acceptable)
3150 N. Wickham Road

Suite, Apt. #, Etc.
#8

City
Melbourne

State Zip Code
FL 32935

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 E. Herzog
REGISTERED AGENT MUST SIGN

Date 1/21/03

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 E HERZOG	978 WILDWOOD DRIVE Melbourne, FL 300010425683	MELBOURNE FL 32940
TRKRS			01/22/03--01107--006 **900.00
	NO OTHER OFFICERS		
		REINSTATEMENT 02-03	

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 E. Herzog

James E. Herzog

1/21/03

3212539220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)