


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 MAY -7 PM 3:58

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 999000100649

1. Corporation Name

Jaimee's Ridge Development, Inc.

2. Principal Office Address

4300 Bayou Blvd., Ste. 21

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Zip

32503

Country

Escambia

Zip

Country

REINSTATEMENT

00-01

4. Date Incorporated or Qualified To Do Business in Florida

Nov. 15, 1999

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marshall O. Colley

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

11 Pinetree Dr.

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32561

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/7/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Marshall O. Colley	11 Pinetree Dr.	Gulf Breeze, FL 32561
S/T/D	Fayette Donnison	4300 Bayou Blvd., Suite 21	Pensacola, FL 32503

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)(j), 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:

[Signature]

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marshall O. Colley

Date

05/07/01

Daytime Phone #

8504787466

CR2001 49/00

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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Division of Corporations
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CORPORATION REINSTATEMENT

JAIMEES RIDGE DEVELOPMENT, INC.

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