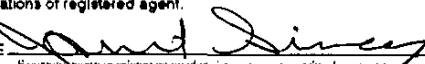


2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

05 MAY 11 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000102000			
1. Entity Name JLS OF NORTHEAST FLORIDA, INC.			
Principal Place of Business 198 ARORA BLVD. APT 2802 ORANGE PARK, FL 32073		Mailing Address 3796 BIGGON CHURCH RD. W. JACKSONVILLE, FL 32224	
2. Principal Place of Business 15 Belmont Blvd.		3. Mailing Address 15 Belmont Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orange Park FL		City & State Orange Park FL	
Zip 32073	Country USA	Zip 32073	Country USA
4. FEI Number 59-3609611		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMCOX, JANET L 198 ARORA PARK BLVD., APT 2802 ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15 Belmont Blvd City Orange Park FL Zip Code 32073	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 04-30-05	
* FILE NOW!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIMCOX, JANET L 198 ARORA BLVD APT 2802 ORANGE PARK, FL 32073 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 15 Belmont Blvd. Orange Park FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 100055195651 05/24/05--01065--023 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition REINSTATEMENT 04-05
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  / Janet L. Simcox		Date 4-30-05 904-298-2404	