

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

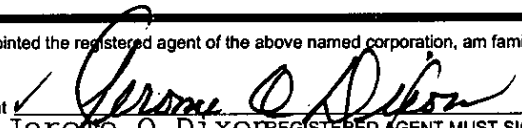
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REINSTATEMENT 92-02

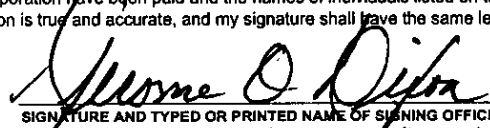
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S79408 1. Corporation Name PAD OF JAX, INC.			
2. Principal Office Address 711 Pioneer Drive Suite, Apt. #, etc.		3. Mailing Office Address 711 Pioneer Drive Suite, Apt. #, etc.	
City & State Atlantic Beach, FL		City & State Atlantic Beach, FL	
Zip 32233	Country USA	Zip 32233	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/09/1991	
5. FEI Number 59-3115753	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name JEROME O. DIXON	
Street Address (P.O. Box Number is Not Acceptable) 711 Pioneer Drive	
Suite, Apt. #, Etc.	
City Atlantic Beach	State FL
Zip Code 32233	

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  Jerome O. Dixon	Date 01-14-02

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
D	JEROME O. DIXON	711 Pioneer Drive	Atlantic Beach, FL 32233

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jerome O. Dixon, Director	Date 01-14-02

CR2E081 (9/01)