

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1032

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV 16 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V15483

1. Corporation Name

Lisa & Jack Enterprises, Inc.

2. Principal Office Address

337 NW Shoreview Dr

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie, Florida

City & State

Zip

34986

Country

USA

Zip

Country

REINSTATEMENT

CR2E081 (12/05)

05-06-258

4. Date Incorporated or Qualified
To Do Business in Florida

02-17-92

5. FEI Number

650310684

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

Jacques Morissette

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

337 NW Shoreview Dr

Suite, Apt. #, Etc.

City

Port St Lucie

State

FL

Zip Code

34986

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

Jacques Morissette
REGISTERED AGENT MUST SIGN

Date 11-08-2006

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
P D	Jacques Morissette	337 NW Shoreview Dr	Port St Lucie, FL 34986
S D	Lise Beaucage	337 NW Shoreview Dr	Port St Lucie, FL 34986

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 contained in Chapter 119, 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:

Jacques Morissette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-08-2006

Date

772-873-3975

Daytime Phone #

202

11-02-2006

FLORIDA DEPARTMENT OF STATE
CORPORATION REINSTATEMENT

WE ARE INCLUDING A CHECK FOR THE REINSTATEMENT OF LISA &
JACK ENTERPRISES, INC., FEI # 650310684.

WE WOULD LIKE TO BRING TO YOUR ATTENTION THAT WE DID NOT
RECEIVED ANY CORRESPONDANCE OR FORM FOR THE FILING FEE
OF THE CORPORATION SINCE WE MOVED TWO YEARS AGO.

WE HAD ARRANGED WITH THE POST OFFICE TO HAVE OUR MAIL
FOWARDED TO OUR NEW ADDRESS.

SORRY FOR THE DELAY AND THANK YOU.

LISA & JACK ENTERPRISES , INC.
337 NW SHOREVIEW DR
PORT ST LUCIE
FL 34986