

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 10 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V38167

1. Corporation Name

J.S. Holding Company

2. Principal Office Address

2665 LA CITA LANE

Suite, Apt. #, etc.

3. Mailing Office Address

2665 LA CITA LANE

Suite, Apt. #, etc.

City & State

TITUSVILLE FL

City & State

TITUSVILLE FL

Zip

32780

Country

USA

Zip

32780

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 21, 1992

5. FEI Number

59-3144068

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

2000-2003 UBR

7. Name and Address of Current Registered Agent

Name

JOANNE J. SCIULLI

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

2665 LA CITA LANE

Suite, Apt. #, Etc.

City

TITUSVILLE

State
FL

Zip Code

32780

10001238947

02/12/03--01057--007 **\$00.00

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

Joanne J. Sculli

REGISTERED AGENT MUST SIGN

Date 02-06-03

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. | <i>Joanne J. Sculli</i> | 2665 LA CITA LANE | TITUSVILLE, FL 32780 |
| Sec | <i>Joanne J. Sculli</i> | 2665 LA CITA LANE | TITUSVILLE FL 32780 |
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Sg 2/11/03

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

Joanne J. Sculli JOANNE J. SCIULLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02-06-03

Daytime Phone #

321-385-9669

CR2E081 (10/02)

282

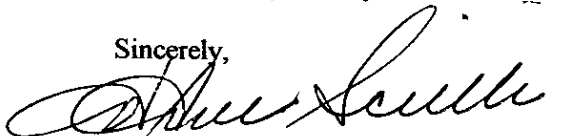
February 6, 2003

To: Dept. of State, Div. Of Corporations

In response to the information I received via telephone conversation with an extremely helpful person, I am submitting the reinstatement form along with a check in the amount of \$600. I am sorry for any inconvenience but I had relocated and trusted that the accountant had taken care of all of this. I did not receive any of the necessary paperwork you would have sent to me at the previous address that would have been needed to file to keep the Corporation active.

Again, thank you for your kind assistance.

Sincerely,



JoAnne Sciulli
2665 La Cita Lane
Titusville, Fl. 32870

Tele. 321/385-9169