PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham FILED **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 MAR 17 PM 1:01 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name JAKE-22, INCORPORATED Principal Place of Business Mailing Address 506 Cypress Point McDonough, GA 30253 Same REINSTATE**MENT**9 If above addresses are incorrect in any way, line through incorrect information and enter correction below Date Incorporated or Qualified
To Do Business in Florida July 20, 1992 2. New Principal Office Address. If Applicable 3. New Mailing Office Address, If Applicable 506 Cypress Point 506 Cypress Point Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 59-3132749 City & State Not Applicable McDonough, Ga McDonough, GA S8.75 Additional Fee required Ζip Country Country CERTIFICATE OF STATUS DESIRED TO for a Certificate of Status 30253 30253 USA USA 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip McDonough, GA 30253 P Van K. Jakes, I 506 Cypress Point S/T Rhonda F. Jakes 506 Cypress Point McDonough, GA 30253 200002461432 ***1208.75 *

9. Name and Address of New Registered Agent ***1208.75 8. Name and Address of Current Registered Agent Claudia A. Straw
Street Address (P.O. Box Number is Not Acceptable) Bruce H. Bokor 911 Chestnut Street 5959 Central Avenue, Suite 102 Clearwater, Florida Suite, Apt. #, Etc. City State | Zip Code FL | 33743 Sty Petersburg
In and accept the obligations of Section 607.0505. F.S. 10. I, being appointed the registered agent of the above named corporation, am familiar Signature of Registered Agent ran Date March 13, 1998 REGISTERED AGENT MUST SIGN Claudia A. Straw Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. No X Yes 12. 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 filling this reinstalement application, the reason for dissolution has seen 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

March 13, 1998

(770) 389-4362

Davtime Phone 4