

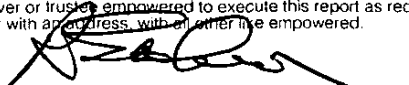


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000108000 1. Entity Name JEANINE JACKSON PEOPLEScape, INC.						06 OCT 23 11:19:58			
Principal Place of Business 5945 TARPON GARDENS CIR CAPE CORAL, FL 33914			Mailing Address 5945 TARPON GARDENS CIR CAPE CORAL, FL 33914			 06792006 REIN P CR2E098 (11/05) 06			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 20-2912046				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State							
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent JACKSON, JEANINE 5945 TARPON GARDENS CIR CAPE CORAL, FL 33914				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JACKSON, JEANINE 5945 TARPON GARDENS CIR CAPE CORAL, FL 33914 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500081117545 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/23/06--01042--023 **750.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an officer like empowered.									
SIGNATURE: 						Date: 239-542-4100			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									