DI EASE DEAD	ALL INSTRUCTIONS	BEFORE C	OMPLETI	NG THIS FO	ORM?
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEI Sandra B. Moi Secretary of S Division of CORPO	NT OF STATE rtham State		FILED	
DOCUMENT # P96000081656			98 SEP -2 PH 12: 5 9		
1. Corporation Name			SECULO DE CAME. TALIAMENTO EL PLORIDA		
J.B. FINANCIAL SERVI	CES, INC.				•
Principal Place of Business Mailing Address			-		:
1008 Royal Aberden Way Orlando, Fl. 32828					: :
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
New Principal Office Address, If Applicable 3. New Malling Office Address, If Applicable Way		Applicable	4. Date incorpo To Do Busin	orated or Qualified ess in Florida	09/30/1996
uite, Apt. #, etc. Suite, Apt. #, etc. ty & State City & State			5. FEI Number Applied For 59 – 3404233 Not Applied For		Applied For Not Applicable
Orlando, Fl. Zip Country	Zip Counti	ry	6.	OF STATUS DESIRED	\$8.75 Additional Fee required
32828 U.S.A. 7. Names and Street Addresses of Each Officer and/o	- Director (Florido compresit paracri	otions must list at los		OF STRIBS DESIRED	for a Certificate of Status
Title(s) 2 P/D James H. Bailey	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box I 1008 Royal Aberde		Numbers) n Way	00026	F1. 32828 F1. 32828 G1654-9 8-01023-008
	•	REINS	STATE	MENT_	97-98 52-4-98
8. Name and Address of Current Registered Agent Name			9. Name and A	ddress of New Reg	pistered Agent
Jame s H. Bailey 1008 Royal Aberden Wa Orlando,Fl. 32828	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
10. I, being appointed the registered agent of the above	ve named corporation, am familiar w	ith and accept the ol	bligations of Section	on 607.0505, F.S.	, <u> </u>
Signature of Registered Agent A. S. RE	GISTERED AGENT MUST SIGN			Date 8/2	6/98
 This corporation owes or ha Intangible Personal Propert 	s paid the current ye y tax due June 30.	ar Yes 🗖	No 🏻	(See	other side for information on intangible tax.)
12. I certify that I am an officer or director or the receives this reinstatement application, the reason for dissolowed by the oproporation have been paid and the non this application is true and accurate, and my signification.	lution has been eliminated, the corpo ames of individuals listed on this for	orate name satisfies m do not qualify for	the requirements of an exemption und	of section 607.0401	or 617.0401, F.S., that all fees

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1 Ley, Pres.

08/26/98 407-380-0632
Date Daylime Phone #