2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000006077

Entity Name: J&B CUSTOMIZED EMBROIDERY INC.

FILED Nov 13, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

450 HILLSIDE DR., BLDG. B #200 13400 SW 256 STREET MESQUITE, NV 89027 HOMESTEAD, FL 33032

Current Mailing Address: New Mailing Address:

450 HILLSIDE DR., BLDG. B #200 2018 SE 15 STREET MESQUITE, NV 89027 HOMESTEAD, FL 33035

FEI Number: 20-3427700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRITCHETT, WILLIAM E 2018 SE 15 STREET HOMESTEAD, FL 33035

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.

SIGNATURE: WILLIAM E PRITCHETT

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

US

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete PRITCHETT, WILLIAM E PRITCHETT, WILLIAM E Name: P.O. BOX 3326 2018 SE 15 STREET Address: City-St-Zip: MESQUITE, NV 89024 City-St-Zip: HOMESTEAD, FL 33035

Title: STD Title: STD (X) Change () Addition () Delete

PRITCHETT, JESSICA D Name: PRITCHETT, JESSICA D Name: P.O. BOX 3326 Address: 2018 SE 15 STREET Address: MESQUITE, NV 89024 HOMESTEAD, FL 33035 City-St-Zip: Citv-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E PRITCHETT PD 11/13/2008