

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000087538			
1. Corporation Name JEMODE, INC.			
2. Principal Office Address 1940 S. US 1		3. Mailing Office Address 1940 S. US 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Vero Beach, FL		City & State Vero Beach, FL	
Zip 32968	Country Indian River	Zip 32968	Country Indian River

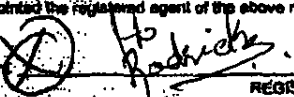
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

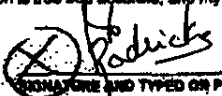
REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida 08/13/02	
5. FEI Number 05-0527278	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐	

7. Name and Address of Current Registered Agent	
Name Rodricks, Dennis	400023754461
Street Address (P.O. Box Number is Not Acceptable) 755 4th Street	10/13/03--01091--016 **50.00
Suite, Apt. #, Etc.	
City Vero Beach	State FL Zip Code 32962

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 	Date 10/9/03
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Rodricks, Dennis	755 4th Street	Vero Beach, FL 32962

10. I certify that I am an officer or director of 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: 	DENNIS RODRICKS	Date 10/9/03 Daytime Phone # 772-562-6311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

2/ 10/14