PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 13 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000087538

1. Corporation Name
JEMODE, INC.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
1940 S. US 1	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

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

400002876446A1
10/13/03--01091--016 **50.00

Street Address (P.O. Box Number is Not Acceptable): 755 4th Street

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: D Rodricks. Date: 10/9/03
REGISTERED AGENT MUST SIGN

CR2E031 (01/00)

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 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 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: D Rodricks DENNIS RODRICKS. 10/9/03 772-562-6311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 10/14