2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000066813

Entity Name: JCSDISCOUNTS, INC.

FILED Oct 30, 2007 Secretary of State

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

425 S. CHICKASAW TRAIL 509 S. CHICKASAW TRAIL

SUITE 204 SUITE 204

ORLANDO, FL 32825 ORLANDO, FL 32825

Current Mailing Address: New Mailing Address:

425 S. CHICKASAW TRAIL
SUITE 204
509 S. CHICKASAW TRAIL
SUITE 204
SUITE 204

ORLANDO, FL 32825 ORLANDO, FL 32825

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

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

SAAKES, JASON C
425 S. CHICKASAW TRAIL
SUITE 204
ORLANDO, FL 32825 US
SAAKES, JASON C
509 S. CHICKASAW TRAIL
SUITE 204
ORLANDO, FL 32825 US

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: JASON SAAKES 10/30/2007

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 ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: SAAKES, JASON Name: SAAKES, JASON C

Address: 425 S. CHICKASAW TRAIL Address: 509 S. CHICKASAW TRAIL SUITE 204

City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825

Title: VST () Delete Title: VPD (X) Change () Addition

Name: SAAKES, JUDITH Name: SAAKES, JUDITH

Address: 425 S. CHICKASAW TRAIL Address: 509 S. CHICKASAW TRAIL SUITE 204

City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825

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: JASON SAAKES PD 10/30/2007