

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 AUG 29 AM 10: 29

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000021290

1. Corporation Name

JDB CORPORATION

8/26/08 01035 010

\$1,208.75

**REINSTATEMENT**

CR2E081 (12/07)

01-08

2. Principal Office Address - No P.O. Box #

112 LONGBRANCH ROAD

Suite, Apt. #, etc.

City & State

WINTER PARK, FLORIDA

Zip

32792

Country

ORANGE

3. Mailing Office Address

P. O. BOX 2084

Suite, Apt. #, etc.

City & State

GOLDENROD, FLORIDA

Zip

32733-2084

Country

ORANGE

4. Date Incorporated or Qualified  
To Do Business in Florida

3/18/93

5. FEI Number

59-3173935

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN D. BURKEY

Street Address (P.O. Box Number is Not Acceptable)

1400 GRASSLANDS BLVD

Suite, Apt. #, Etc.

#66

City

LAKELAND

State

FL

Zip Code

33803

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*John D. Burkey*

REGISTERED AGENT MUST SIGN

Date 8/18/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPTS	BURKEY, JOHN D.	1400 GRASSLAND BLVD, #66	LAKELAND, FL 33803

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 contained in Chapter 119, 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:

*John D. Burkey* John D. Burkey President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/08

Date

(863)602-6000

Daytime Phone #

SP