## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT#740136** 

Entity Name: JIWA, INC.

FILED Apr 02, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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420-422-424 S. B STREET LAKE WORTH, FL 33460

**Current Mailing Address: New Mailing Address:** 

420 S. B STREET APT. A-2 420-422-424 S. B STREET LAKE WORTH, FL 33460 LAKE WORTH, FL 33460

FEI Number: 59-1843029 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

ALLARD, THELMA JOANE SMYTH, LINDA 424 SOUTH B ST 1571 SW CROSSING CIRCLE

#B4 PALM CITY, FL 34990 LAKE WORTH, FL 33460 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: LINDA C. SMYTH 04/02/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition SMYTH, LINDA C SMYTH, LINDA C Name: Name:

420 SB ST A2 Address: 1571 SW CROSSING CIRCLE Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: PALM CITY, FL 34990

(X) Change ( ) Addition Title: () Delete Title: ALLARD, THELMA J. Name: STATON, BARBARA Name:

Address: 424 SOUTH B ST #B4 Address: 420 SOUTH B STREET APT. A-2 City-St-Zip: LAKE WORTH, FL 00000, City-St-Zip: LAKE WORTH,, FL 33460

( ) Delete Title: Title: (X) Change ( ) Addition KAUN, JOHN Name: ERIC, SMITH Name:

420 SOUTH B STREET APT. A-1 Address: 420 SOUTH Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460

Title: () Delete Title: (X) Change ( ) Addition Name: EDMAN, JAMES R., Name: EDMAN, JAMES

Address: 424 S. B STREET Address: 422 S. B STREET APT. B-2 City-St-Zip: LAKE WORTH, FL City-St-Zip: LAKE WORTH, FL

Title: () Delete Title: () Change () Addition

MILNE, SYVI K Name: Name: 420 S.B. STREET A3 Address: Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA C. SMYTH Ρ 04/02/2007