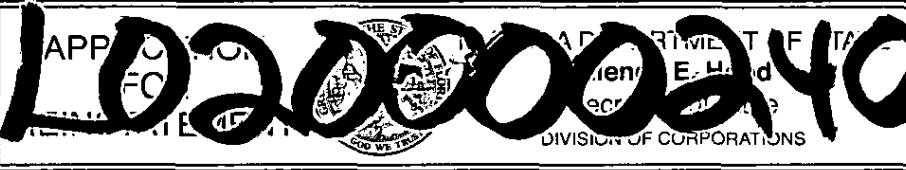


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024014

Name and Mailing Address

0010622 01 AT 0.292 **AUTO T9 0 0615 34221-662100



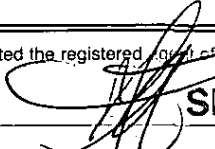
JDSN ENTERPRISES, LLC
300 REGAL CRUISES WAY
PALMETTO FL 34221-6621



2. New Mailing Address 4350 W. Waters Ave. Ste. 105 City, State, Zip Tampa, FL 33614		4. State/Country of Formation FL	
Principal Place of Business 300 REGAL CRUISES WAY PALMETTO FL 34221		5. Date Organized or Qualified To Do Business in Florida 09/16/2002	
3. New Principal Place of Business Address 4350 W. Waters Ave. Ste. 105 City, State, Zip Tampa, FL 33614		6. FEI Number 57-1136133 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SHUSTA, TIMOTHY 100 SOUTH ASHLEY DRIVE, SUITE 1900 TAMPA FL 33602-5311		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300024282893 10/30/03--01023--008 **150.00 City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

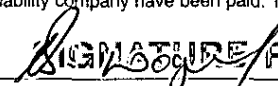
Signature of Registered Agent  SIGNATURE REQUIRED Date 10-17-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	João de Sa Nogueira	4350 W. Waters Ave Ste 105	Tampa, FL 33614
Member	Christine M. Taylor-Poitier	4350 W. Waters Ave. Ste 105	Tampa, FL 33614

REINSTATEMENT 03
dec

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  SIGNATURE REQUIRED Date 10/20/2003 Daytime Phone # 305-205-3847

Typed or printed name of signing Managing Member/Manager João de Sa Nogueira