	1 CEASE TREAD?	CLE INSTRUCTIONS DEL ON				
	PORATION STATEMENT	FLORIDA DEPARTMENT OF STA	P.112: 24 P.112: 24 STATE STATE 04:719			
DOCL	JMENT # P00000	00 23607	THE SIET OBIL)r		
1. Corporation Name						
JDM Holdings, INC. TALLA			90)0032093449 /0401074011 **150	1 178	
			07/13	SOL OTOLL OIL WATOO		
,			on on	00032093449		
2. Principal Office Address 3. Mailing		3. Mailing Office Address	04707	/0401034006, **750). <u>00</u>	
· · · · · · · · · · · · · · · · · · ·		1919 N. State Rd. 7		DAMESTINE OF 1816		
Suite, Apt. #, etc.		Sulte, Apt. #, etc.	R Free Bron	THING! WE FARE AND OS 204		
104		709		e Incorporated or Qualified 3 · / · Z OOO		
city & State Margate, FL		City & State	5. FEI Numb	FEI Number Appfied For		
71)C/	Garage, Country	Margate, FC		988941 VN	ot Applicable	
330	63 U.S. A	3306 3 U.S. A.	G. CERTIFICAT	F OF STATUS DESIRED \$6.75 Additiona for a Certifica		
7. Name and Address of Current Registered Agent						
Name Frances Dimartino						
Street Address (P.O. Box Number Is Not Acceptable)						
	7790 N.W. 115 Drive					
	Suite, Apt. #, Etc.				ł	
	Coral Sprir	195		State Zip Code FL 33065]	
Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 4304					CR2E081 (01/04	
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
	Name of	Street Address		City I Class I Tim		
Titles	Officers and/or Directors	Officer and/or £	Pirector	City / State / Zip	-G/	
P	John Dimar.			COTAL SPINGS	33065	
T	John DiMarti		· -	coral Springs,	65	
V	Danielle Dima	TINO 2290 NW 11	115 Dr.	(01011 2P1/25) 1	265	
5	Danielle Diman	Tno 2290 NW 11	T D 6.	coral springs,	X65	
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: SIGNATURE						

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