PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STA Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # POOOOO71840 JGDT JNC	
	300036967853 05/20/0401061026 **600.00
2. Principal Office Address 1730 Federal Hwy 1730 Federal Hwy Suite, Apt. #, etc. Suite, Apt. #, etc.	FEINSTATEMENT 01-04
SUITE 338 City & State Del Paul Black For Now Plack For	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applicable
33433 Country SA SA433 Country USA	G. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name Name	
JOHN TO CULTA	
Street Address (P.O. Box Number is Not Acceptable) TOUL MI AMISS DR	
Suite, Apt. #, Etc.	
MIAMILLAKED TO	State Zip Code 330142
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 Agent REGISTERED AGENT MUST SIGN Date 4/30/04	
9. Names and Areet Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address Officers and/or Directors Officer and/or U	
P. JULIA-G. DEL TORO 1730 Federall	two = 338 Delray & Behra 133433
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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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	H/30/04 Date Daytime Phone #
TOTAL AND THE ON FRINTED HAME OF SIGNING OF FIGUR ON DIRECTOR	Daysing Frique #

JGDT, Inc. 1730 Federal Hwy #338 Delray Bch, FL 33433

April 29, 2004

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Reinstatement

A reinstatement form for JGDT, Inc. is enclosed. We never received our annual report form to file and the corporation was dissolved. We are enclosing a check for \$600.00 to pay for the missing four years of annual report filing. Please reinstate our corporation.

Sincerely,

Julia Del Toro