

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 15 PM 3:02

DOCUMENT # P00000077418

1. Corporation Name

JDL Services, Inc.

REINSTATEMENT 03-05

2. Principal Office Address

821 Hibiscus Drive

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

3. Mailing Office Address

821 Hibiscus Drive

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

100055369571

05/26/05--01036--005 **1058.75

4. Date Incorporated or Qualified
To Do Business in Florida

8/16/2000

5. FEI Number

651032247

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

Scott Stocking

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

821 Hibiscus Drive

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

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

[Signature]

Date 5/10/2005

REGISTERED AGENT MUST SIGN

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
D	Scott Stocking	821 Hibiscus Dr.	Royal Palm Bch, FL 33411
M	Teri Stocking	821 Hibiscus Dr.	Royal Palm Bch, FL 33411

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:

Scott Stocking, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/2005 (561)644-9815

Date

Daytime Phone #

CR2001 (01/05)