2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000101514 1. Entity Name RD JENT, INC.				2005 JUN 20 PM 4: 03
Principal Place of Business 2264 NW 87TH AVE MIAMI, FL 33172 Miami, FL 33172 Miami, FL 33172			SECRETARY OF STATE TALLAMASSEE, FLURIDA	
2. Principal Place of Business 4188 9737. NW 414 9737. NW 414				
Suite, Apt. #, etc. Suite, Apt. #, etc. PMD#465			·	06152005 REIN-P CR2E098 (6/04)
City & State City & State MiAmi FLORIDA MiAmi FLOR			RIDA	4. FEI Number Applied For A1-2047224 Not Applicable
77/	78 Country	Zip 33/78 C	15A	5. Certificate of Status Desired
	6. Name and Address of Current F	legistered Agent	Name	7. Name and Address of New Registered Agent
HERNANDEZ-YANKS, ANA 2264 NW 87TH AVE MIAMI, FL 33172				dress (P.O. Box Number is Not Acceptable)
Wildelin, 1 2 33772			MIRI	mi, FL
			City	FL Zin Code 73.3178
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulated when rehabiting) DATE				
	LE NOW!!! FEE IS \$900.00		1.	, APDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JHANGIMAL, AARTI 2264 NW 67TH AVE MIAMI, FL. 33172	Delete T	TITLE WANE STREET ADDRESS CITY-ST-ZIP	Dipu G. JHANGIMAN DE Change Addition Dipu G. JHANGIMAN HOST 460 9737 NW 415 ST PMB# 460 Miami FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JHANGIMAL, RAVI D 2264 NW 87TH AVE MIAMI, EL-33172	, N	ITTLE MAME STREET ADORESS ATY-ST-ZIP	PIVOISIT Dipu 4. JHANGIMAL 9737 NW415 ST. PMBF465 Winni F (-33178
TITLE NAME STREET ADDRESS CITY+ST-ZIP			ITILE VAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		50000	TITLE VAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 rustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other light empowered.				
SIGNAT	TURE:	PRATES AVAILE OF CROWNS OFFICER OF OF	*SCTOR	V6 16 D5 305 J25 8999
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TO

DEPARTAMENT OF STATE **DIVISIONS OF CORPORATIONS** 6/15/2005

RE:

REINSTATEMENT

DOC#

P00000101514

BUSINESS ENTITY NAME: RD JENT, INC

DEAR SIRS

WE ARE HEREBY REQUESTING TO WAIVE THE REINSTATEMENT FEE OF USD 600.00

SINCE WE MOVED OFFICES AND DID NOT RECEIVE THE RENEWAL NOTICES

ON TIME.

PLEASE FIND THE REINSTATEMENT FORM AND FEES FOR CORPORATION TO

BE CURRENT.

IF YOU HAVE ANY QUESTIONS PLEASE LET US KNOW ON OUR CURRENT ADRESS

ON THE FORM. ALSO TEL # 305-525-8999

THANKING YOU IN ADVANCE FOR YOUR KIND ATTENTION

PRESIDENT

RD JENT, INC