

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000011962				
1. Corporation Name J. D. ENTERPRISES of Tax INC				
2. Principal Office Address 2206 MAYPORT RD		3. Mailing Office Address SAME		
Suite, Apt. #, etc. <hr/>		Suite, Apt. #, etc. <hr/>		
City & State <hr/>		City & State <hr/>		
JACKSONVILLE FL		FL SAME		
Zip 32233	Country DUVAL	Zip 32233	Country DUVAL	

FILED

05 NOV -9 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-3742234	
Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name	OTTIS Jerome DIXON	100061292651	11/09/05-01040-002 **300.00
Street Address (P.O. Box Number is Not Acceptable)	3317 SILVER PALM	400061292704	11/09/05-01040-003 **300.00
Suite, Apt. #, Etc.		200061292722	11/09/05-01040-004 **200.00
City	Jax	State FL	Zip Code 39950

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

Date

11/9/05

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
Pres/Sec	Jerome DIXON	337 SILVER Palm	JAX Bch FL 32250
			11/18/03 01008 024 #250
			<i>APR 11 2010</i>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/05

3439095

Date

Daytime Phone #