2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000042351 1. Entity Name JPI CORPORATION						FILED 06 APR 11 AM 8: 47
Principal Place of Business Mailing Address					·	TARLES AND A STATE AND A
% JAMES L. CASE % JAMES L. CASE 2810 E. OAKLAND PK BLVD. #102 2810 E. OAKLAND PK BL						TALL
FORT LAUDERDALE, FL 33306 FORT LAU				RT LAUDERDALE, FL 33306		I ARROBRENT ROLL MAN RAIN CONFRONT CONTROL NAME AND
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			E41487 APISAJE 6R2E098 (11/05) () 3-0
City & State			City & State			4. FEI Number 65-1103841 Not Applicable
Zip	ip Country		Zip Cour		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current F			Registered Agent			7. Name and Address of New Registered Agent
CASE, JAMES L					Name	
2810 E. OA SUITE 102	AKLAND I	PARK BLVD.			Street Address (P.O. Box Number is Not Acceptable)	
FT. LAUDE		FL 33306				
					City	FL Zip Code
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 required when reinstating) DATE						
Software in the control of the contr						
FILE NOW!!! FEE IS \$900.00						
10.		OFFICERS AND		11.	r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PSD NAME CASE, JAMES L			☐ Delete	itit Nan	l l	Change Addition
STREET ADDRESS 2810 E. OAKLAND PARK BLVD.: CITY-ST-ZIP FORT LAUDERDALE, FL 33306			#102 STREET ADDR		REET ADDRESS	
TITLE	FORTER	ODERDALE, FL 33300	Delete TITLE		 	<u> </u>
NAME Street Address	.noress		NAA Str		ME REET ADDRESS	99, 92, 99 91990 909 ***B00.80
CITY-ST-ZIP					Y-ST-ZIP	
TITLE NAME			Delete TITLE		I	Change Addition
STREET ADDRESS			STRE		REET ADDRESS	800073743278 05/02/0601058010 **300.00
CITY-ST-ZIP TITLE	-		☐ Delete	TIT	Y-ST-ZIP LE	☐ Change ☐ Addition
NAME				NA!	i	_ , _
STREET ADDRESS CITY-ST-ZIP					REET ADDRESS Y-ST-ZIP	
TITLE			☐ Delete	TITI NAJ		Change Addition
NAME Street Address				STF	REET ADDRESS	
CITY-ST-ZIP				CIT	Y-ST-ZIP	☐ Change ☐ Addition
TITLE NAME			☐ Delete	NAI	ME	Guarge Audition
STREET ADDRESS CITY-SF-ZIP					REET ADDRESS Y-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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						
12. Thereby certify that the information supplies with this limit does not quality for the exemptions contained in Chapter 115, Profus Statutes. Figure 1 certify that the first information indicated on this report is suppliemental 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 trustee empowered to execute this report as required by Chapter 607, 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 like empowered.						
SIGNAT	URE:		// (B		4/10/06 954-563-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DRIBBECTOR Date Dayline Phone #						