

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000068723	
1. Entity Name JSR RESEARCH, INC.	



FILED
05 APR -5 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 15419 69TH DR. NORTH PALM BCH GARDENS, FL 33418	Mailing Address 15419 69TH DR. NORTH PALM BCH GARDENS, FL 33418
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2. Principal Place of Business Garden of Life Suite, Apt. #, etc. 5500 Village Boulevard, Ste 202	3. Mailing Address Garden of Life Suite, Apt. #, etc. 5500 Village Boulevard, Ste 202
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33407	Country USA



94012005 REIN: P... CR2E098 (6/04)
4. FEE Number 65-1122128
Applied For Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RUBIN, JORDAN 15419 69TH DR. NORTH PALM BCH GARDENS, FL 33418
7. Name and Address of New Registered Agent Name Mark M Kamp, Esq - Garden of Life Street Address (P.O. Box Number is Not Acceptable) 5500 Village Boulevard, Ste 202 City West Palm Beach FL Zip Code 33407

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]* DATE 4/1/05
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, JORDAN 15419 69TH DR. NORTH PALM BCH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200051208842 04/19/05--01050--009 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 life empowered.

SIGNATURE: *[Signature]* DATE 4/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR