2004 FOR PROFIT CORPORATION REINSTATEMENT

	KEINSI	AIEMENI		
DOCUMENT # P01000104545 1. Entity Name J.D.S. SALES CORP.				JFULED" 04 NOV 12 PM 2: 30
Oringinal Plac	on of Dunkassa	N I - The second state of		SECRETARY OF STATE
l '	ce of Business	Mailing Address		TALLAHASSEE, FLORIDA
7104 SW 113 CT MIAMI, FL 33173		7104 SW 113 CT Miami, Fl. 33173		TACCATAGGE, TEORIDA
	,0170	MICHWIT I C 33113		
	-			
	Place of Business	3. Mailing Address		
Suite, Apt.		Suite, Apt. #, etc.		11012004 REIN-P CR2E098 (6/04)
City & Stat	te	City & State		4. FEI Number Applied For 65-1151183 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
A'M'11'A'M	ince		Name	
7104 SW	103E 113 CT		Street A	ddress (P.O. Box Number is Not Acceptable)
MIAMI, FL				
				•
			City	FL Zip Code
8. The above	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept
ule obliga	tions of registered agent.	-		1 104
SIGNATURE.	- don gu	4		11/10/04
	Signature, typed or printed traine of registered age	wi and this if applicable. (NOTI	E: Registered Agent signa	ture required when reinstating) DATE
	E NOW!!! FEE IS \$750.00 nuary 1, 2005, Fee will be \$900	0.00		
10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
THE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	AGUIAR, JOSE	·	NAME	800042692158 11/12/0401042012***50.00
STREET ADDRESS CITY-ST-ZIP	7104 SW 113 CT MIAMI, FL 33173		STREET ADDRESS CITY-ST-ZIP	11/12/04 01045 015 **130.00
TITLE	VD	Delete		VD . ☐ Change ☐ Addition
NAME	AMADOR, JORGE	La Delete	TITLE	DESIRGE AGUIAR
STREET ADDRESS	14207 SW 53 ST		STREET ADDRESS	7/04 S.W. 1/3 CT
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP	MIAMI, FL 33173
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	·
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE NAME	Change Addition
NAME			INVINE	
NAME STREET ADDRESS			STREET ADDRESS	
			STREET ADDRESS GITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP		☐ Delete	GITY-ST-ZIP	Change Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied w	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. LE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby	d on this report or supplemental repor	Delete On the this filing does not qualify for this true and accurate and that not be the control of the contr	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemption state of the exemption state of the exemption state of the exempti	Change Addition ed in Section 119.07(3)(i). Florida Statutes. I further certify that the information are the same legal effect as if made under each that I am an officer or director.
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the coil	d on this report or supplemental repor	Delete The this filling does not qualify for the true and accurate and that no powered to execute this report.	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE exemption statly signature shall has required by Che	Change Addition