


2004 FOR PROFIT CORPORATION REINSTATEMENT

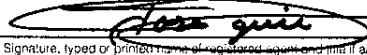
DOCUMENT # P01000104545		
1. Entity Name J.D.S. SALES CORP.		

Principal Place of Business 7104 SW 113 CT MIAMI, FL 33173	Mailing Address 7104 SW 113 CT MIAMI, FL 33173
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
AGUIAR, JOSE 7104 SW 113 CT MIAMI, FL 33173	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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: 	DATE: 11/10/04
(NOTE: Registered Agent signature required when reinstating)	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	AGUIAR, JOSE	NAME	
STREET ADDRESS	7104 SW 113 CT	STREET ADDRESS	800042692158
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	11/12/04--01042--012 **150.00

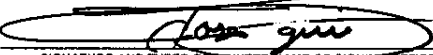
TITLE	VD	TITLE	VD
NAME	AMADOR, JORGE	NAME	DESIREE AGUIAR
STREET ADDRESS	14207 SW 53 ST	STREET ADDRESS	7104 SW. 113 CT
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP	MIAMI, FL 33173

TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 like empowered.	
SIGNATURE: 	DATE: 11/10/04 (305) 968-9282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED
04 NOV 12 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11012004 REIN-P CR2E098 (6/04)

4. FEI Number 65-1151183	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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