## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P01000119933

FILED Dec 18, 2006 Secretary of State

Entity Name: J-MIMA, INC.					
Current Pr	incipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
8430 NW 4 CORAL SP	0TH ST RINGS, FL 33	065			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
PO BOX 670524 CORAL SPRINGS, FL 33067				4201 NW 75TH AVENUE CORAL SPRINGS, FL 33065	
FEI Number:	01-0651282	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New				of New Registered Agent:	
CLAXTON, 4201 NW 7 CORAL SP		.065 US			
The above in the State		ubmits this statement for the pu	rpose of changing its register	red office or registered agent, or both,	
SIGNATURE: MYRNA CLAXTON					
Electronic Signature of Registered Agent			nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () CAMPBELL, ISA 4201 NW 75 AV CORAL SPRING	E	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD () CAMPBELL, LAV 4201 NW 75 AV CORAL SPRING	E	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABELLE CAMPBELL PD 12/18/2006