

11 Apr 2005 9:47

A1A#CORPORATE#SERVICES

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE C

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P02000018215</b>					
1. Corporation Name  JDM HOMEWORKS INC.					
2. Principal Office Address 1010 MUNSTER ST.			3. Mailing Office Address 1010 MUNSTER ST.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State ORLANDO, FL			City & State ORLANDO, FL		
Zip 32803	Country	Zip 32803	Country	4. Date Incorporated or Qualified To Do Business in Florida 02/15/2002	
5. FEI Number 030394555				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				SB/TS Additional Fee required for Certificate of Status	
7. Name and Address of Current Registered Agent					
Name A1A REGISTERED AGENT INC.					
Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY RD.					
Suite, Apt. #, Etc.					
City QUINCY				State FL	Zip Code 32351
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0506 or 817.0503, F.S.					
Signature of Registered Agent <u>Paul Smith</u> Date <u>04/11/05</u>					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
DPST	JAMES MACKLIN	1010 MUNSTER ST.		ORLANDO, FL 32803	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <u>JAMES MACKLIN</u>		JAMES MACKLIN		04-07-05 407-928-7223	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CORPORATE (10/02)

H050000087802:

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850)205-0384

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

CORPORATION REINSTATEMENT

JDM HOMEWORKS INC.

Certificate of Status	0
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Page Count	02
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\$ 300.00

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DATE: 04-05-05

TO: **DIVISION OF CORPORATIONS  
REINSTATEMENT SECTION**

FROM: **JAMES MACKLIN  
JDM HOMEWORKS INC.**

We did not receive from you the Uniform Business Report during the years 2004. Please file our reinstatement and please DO NOT CHARGE the penalty.

If you have any questions please contact us at 800-494-3124

Thanks,



**JAMES MACKLIN  
JDM HOMEWORKS INC.**

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