

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAY -1 PM 5:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P02000048553</b> 1. Entity Name <b>J T INTERNATIONAL MERCHANDISE, INC.</b>			
Principal Place of Business <b>7407 MONETARY DRIVE 2145 VISOUNT HOW</b> ORLANDO, FL 32809		Mailing Address <b>3660 GATLIN PLACE CIR</b> ORLANDO, FL 32812	
2. Principal Place of Business - No P.O. Box # <b>2145 VISOUNT HOW</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Orlando FL</b>		City & State <b>FL</b>	
Zip <b>32809</b>		Country	
4. FEI Number <b>43-1960590</b>		Applied For <input type="checkbox"/> No; <input type="checkbox"/> Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TU, JOHNNY</b> <b>7407 MONETARY DRIVE</b> <b>ORLANDO, FL 32809</b>		7. Name and Address of New Registered Agent Name <b>J T INTL MERCHANDISE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2145 VISOUNT HOW</b> City <b>Orlando</b>	
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 the registered agent.		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
SIGNATURE: <small>Signature: The signature must be in ink, and signed and dated in presence of a notary public.</small>		DATE: <b>4/20/07</b> <small>NOTE: Registered Agent's signature required when re-installing.</small>	
<b>FILE NOW!!! FEE IS \$300.00</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete <b>TU, JOHNNY</b> <b>3660 GATLIN PLACE CIR</b> <b>ORLANDO, FL 32812</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	<b>300103031023</b> <b>05/22/07--01047--006 ***300.00</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete <b>CHAU, HUNG K</b> <b>816 N MILLS AVE</b> <b>ORLANDO, FL 32803</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	<b>300103031023</b> <b>05/22/07--01047--007 ***8.75</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 007, 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 the empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <b>4/30/07</b> <b>407-854-9978</b> <small>Date: Director's Phone</small>	

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